

# NEWSrounds

January marks the one-year anniversary of the Tower's opening. To commemorate this historic occasion, this special issue of *NewsRounds* takes a look at the impact the Tower has made on Rush and the care we provide for our patients.

## Designed for Success: TOWER FEATURES ENHANCE CARE

From its earliest planning stages, the Tower was designed to enhance patient care. Hundreds of nurses, doctors and other Rush employees provided their input about ways that the new hospital could help them do their jobs better, more easily and more efficiently.

A year after the Tower's opening, it's clear that this extensive planning was worthwhile. Clinicians who work in the Tower praise numerous features of the hospital that have made patient care at

Rush even better. In particular, they cite the following aspects of the Tower's design:

**It Puts Caregivers Closer to Patients** — Instead of a centralized work station in each unit, smaller nurses' stations are located in the tips of each wing of a patient floor. This arrangement keeps nurses and patient care technicians nearer to patient rooms, reducing the time and effort they need to respond to patients' needs. (See "Right Where They Belong," page two.)

"Having that visibility and being so accessible is very helpful," observes Sharon Schoenemann, RN, director of the oncology/medical unit on 14 West Tower. "We get questions answered a lot more promptly, and it also allows for the rounding teams to consult with nurses more easily."

In addition, computers at the bedside of each room and computer stations directly outside patients' rooms enable nurses to make entries into patients' electronic medical records there, helping maintain close proximity. "It doesn't pull the nurses to a station away from the patient. That's very nice," says Eve Sullivan, RN, director of the cardiology/neurosurgery unit on 12 East Tower.

**It Makes Medications Safer** — Each unit has a secure medication room, where nurses gather patient medications behind closed doors. "Having the rooms locked so the nurses won't be interrupted focuses attention on the medication to make sure every dosage is accurate. It's a big advantage as far as patient safety is concerned," Schoenemann says.

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### TOWER ADMIRERS

When Rush first planned the Tower more than seven years ago, the concept wasn't just about creating an architecturally stunning building. It was about improving the way Rush delivers the best in patient care. In the year since it opened, the Tower has received accolades near and far for its innovative model for health care and environmentally friendly design. The following are honors the Tower has received in the last year:

- Awarded Leadership in Energy and Environmental Design (LEED) Gold Certification by the U.S. Green Building Council, making the hospital the largest new-construction health care project in the world to be LEED gold certified (April 2012)
- Named one of the most innovative and inspiring urban architecture projects in the world by KPMG, an international professional services firm (August 2012)
- Received *Building Design + Construction* magazine's 2012 Building Team Awards Platinum Award, recognizing the collaboration on design concept and structural compilations (May 2012)
- Given the 2012 Project Achievement Award from the Construction Managers Association of America for program phase buildings (project management) (October 2012)
- Received a merit of citation award for the interior design of the Tower from the American Institute of Architects; and in special recognition of the terrarium in the Brennan Pavilion, received the Divine Detail Award (October 2012)
- Named Project of the Year by the trade publication *Engineer News Record – Midwest* (November 2012)
- Selected as Best of Year Honoree by *Interior Design* magazine (December 2012)
- Honored as Patron of the Year by the Chicago Architecture Foundation (December 2012)



To keep caregivers closer to patients, nurses' stations in the Tower are arrayed throughout each unit, and computer stations are located outside patient rooms.

## PATIENT SATISFACTION RISES WITH TOWER

At Rush, nothing is more important than making our patients healthy and happy. And we're succeeding.

Rush's patient satisfaction scores have reached an all-time high since the Tower opened. In the first quarter (July 1-Sept. 30) of Rush's current fiscal year, the Medical Center received a score of 78.3 percent on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), the federal government's survey of patients' overall perspectives of hospital care. It was the highest patient quarterly rating Rush ever has achieved on the HCAHPS survey and put the Medical Center close to the 90th percentile of hospitals nationwide. As of late December, when this issue of *NewsRounds* went to press, the survey results for the second quarter were even higher, with the Medical Center on track to receive an HCAHPS score of more than 79 percent.

"Clearly, the new hospital has made an impact in the delivery of care and how patients perceive it," says David Ansell, MD, chief medical officer and senior vice president for clinical affairs. "But it is our exceptional staff, both in the Tower and throughout the rest of the

Medical Center, who are responsible for the significant improvement in how our patients evaluate us. And this improvement in patient satisfaction has occurred in the face of increased patient volumes since the Tower opened. Everyone who works at Rush can be very proud of this significant improvement in how our patients evaluate their experience."

Scores in almost every aspect of care and service have improved. In particular, scores in the areas of cleanliness, the responsiveness of staff and how quiet the hospital is saw major improvements.

The call system technology used in the Tower has a lot to do with these last two improvements. Instead of an overhead call system summoning caregivers to patient rooms, the Tower uses a system that relays patient requests for assistance to cell phones carried by all the nurses and patient care technicians (PCT) on duty in a unit. If a nurse or PCT isn't able to answer the call right away, it is transferred to the next care provider on the call tree, then to the charge nurse if needed.

"We have an increased awareness about trying to answer call lights more efficiently," says Gia Crisanti,

MSN, RN, director of the cardiac care unit on 10 West Tower. "The quick response shows our patients we care about them as individuals and we want to meet their needs, whether they're having pain, have questions about their care or their dietary needs aren't being met."

By eliminating overhead paging, the system also contributes to quiet on the patient units, providing a more soothing environment for patients and families. In addition, the floors are carpeted, reducing the sound of footsteps and medical carts as people move around the unit. "The place is much quieter than before. Our patient score for quiet went way up," says Fred Brown, DNP, RN, director of the orthopedic surgery unit on 13 East Tower.

Brown and Crisanti also point out features of the Tower's layout that contribute to patient satisfaction. "The rooms are 1½ times the size we had before. In orthopedics, there's extra equipment, which can make it hard for people to move around the patient room. Now we have extra space to accommodate that," Brown says.

"Diagnostic imaging is just a couple floors away, and there's a CT scanner close by the critical care unit,



Christy Ladd, RN, staff nurse, cares for patient James McKervey in the Tower's cardiac care unit.

so we don't have to take patients as far for their imaging," says Crisanti. She adds that the large size of the Tower's patient elevators makes it easier to transport patients along with the monitoring and other equipment that must be kept with them.

While the most important aspect of the improved scores is the patients' own happiness, the scores are increasingly important to Rush from a financial standpoint as well. The HCAHPS scores are a factor in determining the Medicare reimbursement rate Rush receives from the federal government. Health insurance companies increasingly

are incorporating the scores into their decisions of which hospitals to include in their provider networks.

Of course, patients who are happy with their care also are more likely to recommend Rush to their family and friends. "When you provide good customer service, it makes a difference," Ansell says. "People have a choice in health care in Chicago, and we believe that if you combine great clinical outcomes and easy access with a great patient experience, Rush will be the medical center of choice in the region. Our increased volumes show that more and more people are choosing Rush when they need care."



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# RIGHT WHERE THEY BELONG: TOWER ALLOWS MORE TIME AT BEDSIDE

If you've ever visited a hospital nursing unit, you see and hear a lot of activity. Often times, clinicians are gathered in one general area of the unit, discussing various patients. But a walk through a nursing unit in the Tower is a completely different experience. It's very quiet, and you might ask yourself, "Where are all the nurses?"

So where are the caregivers on the Tower floors? According to an ongoing study, they're in patients' rooms.

When nurses spend more time with patients, it results in better safety outcomes overall, according to studies published in *Applied Nursing Research*, *Nursing Management* and other journals. Spending time with a patient allows the nurse to get to know the patient's unique needs and goals for treatment and recovery. When nurses are retrieving medications and supplies or filling out charts, they're not in the patients' rooms. This is why the Tower's layout and processes were designed to be more efficient in order to facilitate nurses spending more time at the bedside.

Before the Tower opened, three nursing units took part in a study aimed at quantifying the differences in the

layout of the units in the Atrium and Pavilion buildings and the Tower. The study was led by Kathy Delaney, PhD, RN, professor, community systems and mental health nursing, and Melinda Noonan, DNP, RN, assistant vice president of hospital operations and executive director of Rush Children's Hospital, and assistant professor, College of Nursing and College of Health Sciences. The participating nurses wore pedometers, and observers working on the study documented how much nurses walk; how much time they spend in patient rooms; and how much time they spent retrieving supplies. Data was collected again after the three units moved into the Tower.

"In the Tower, nursing stations, medications and supplies are decentralized," explains Theresa Osunero, a Rush University health systems management student who worked on the study. "Observations done three months after the Tower opened showed a substantial increase in how much time nurses spend with patients."

That study did not show a significant difference in the number of steps nurses take, but Osunero suspects that result was because



*Heather DiSimone, RN, a nurse in the cardiology/neurosurgery unit, enters a patient room.*

the environment was new and nurses were still learning their way around. When data is collected on the same three nursing units this month, the results are expected to show a decrease in the number of steps nurses take, compared to when they were located in the Atrium and Pavilion buildings, and an even greater increase in the amount of time they spend with patients.

The design of the building and workflow in the Tower focused on facilitating the best possible patient care. This effort included

conveniently locating resources and making patient rooms large enough for staff members to comfortably move around the room to provide care and do charting at the bedside.

Glenn Klaassen, RN, 13 East Tower, describes the effect it has on patients by saying, "sometimes patients' stress levels go up if they're observing staff members having difficulties. Having an environment that works well for staff members ultimately reduces the patients' anxiety, which makes everything go better."

## TOWER DESIGN

### It Puts What Caregivers Need Right at Their Fingertips —

The most commonly used medical supplies are stored right outside each patient room and restocked every day by materials management staff. "We took our patient care technicians away from the restocking business and got them more involved at the bedside with patient care, where they and the nurses want them to be," says Stacey Harvey, MSN, RN, assistant director of the neuroscience ICU on 11 West Tower.

### It Offers Restful Spaces —

Several spaces in the Tower offer opportunities for people to calm themselves and reflect, including the quiet area and adjacent garden on the fourth floor and the employee garden on the ninth floor. In addition, most nursing units include employee respite areas. "We have staff who live far away and have a good amount of travel time, and after their shift, they'll go in the respite rooms and take a half hour to rest so they can avoid traffic, and they're not tired going home," Harvey says.

### It Keeps Everyone on the Same Page —

All the patient rooms in the Tower have the same floor plan, with supplies and equipment in the same place in each room. "Sometimes, there's a need for the nurses in one intensive care unit (ICU) to float to another ICU. In the past,

*continued from page 1*

it sometimes was difficult for the floating nurse to adapt to a different floor unit. Because patient rooms in the Tower are standardized, no matter where the nurse is, they already know where to find the supplies they need to take care of patients," Harvey says. "It helps a lot in terms of easing the flow of care."

### It Provides Pleasant Space for Patients and Families —

Each patient room in the Tower has a window, providing sunlight and spectacular views of Chicago's skyline. In addition, each room includes a fold-out couch to allow for overnight visitors. "I see the families congregate at the ends of the halls a lot, where there are windows and the benches, looking at the views," Sullivan says. "It's a nice environment for the patients to get in their walks. The rooms are bigger and more conducive to supporting the family, especially if they want to stay the night."

"The intent of the Tower was to design a place that allowed nursing and support services to be able to spend more time at the patient's bedside or near the patient's bedside and to streamline a lot of the processes that we were doing," Harvey says. "Rather than searching for things or trying to figure out where you're trying to grab something from, you're spending more of the time with the patient and taking care of the patient."

## What Were You Doing One Year Ago? REMEMBERING THE TOWER MOVE

Just one year ago, Rush experienced a major milestone in its history, as the Tower opened after years of planning, preparation and construction. Rush clinicians, employees, students and volunteers all took part in the new hospital's debut, from the opening of the new emergency department to the moving of existing patients into the Tower to the arrival of new patients that first Monday morning. Here's a quick look at what we accomplished that wonderful, busy weekend, Jan. 6-8, 2012:

- Rush's old emergency department (ED) in the Jones Building closes in the early hours of Friday, Jan. 6; the first ambulance patient is received at the new ED on the ground floor of the Tower about six hours later
- Patients begin moving to the Tower early Sunday morning, Jan. 8, and by day's end, 59 critical care and 119 acute care patients are moved to the Tower
- The first surgery in the Tower takes place on Monday morning, Jan. 9

From its healing environment and amenities, countless technology advancements, green features and emergency preparedness capabilities, the Tower has truly transformed our campus in countless ways.

To learn more, visit [Transforming.Rush.edu](http://Transforming.Rush.edu).



*Rush staff transport an intensive care patient into the Tower on Jan. 8, 2012.*



*Rush staff move equipment into the Tower.*



# The Tower – ONE YEAR LATER

It has been one year since the Tower opened. Not only has the building been lauded for its modern design and its environmentally conscious construction, but the Tower is one of only three medical centers in the country to include the cutting-edge concept of an interventional platform. The interventional platform strategically puts facilities and services for all interventional procedures — from cataract removal to angioplasty — close to each other, enhancing collaboration among Rush specialists, patients and their families. Consolidating inpatient and outpatient diagnostic and therapeutic services in a central location also minimizes unnecessary patient movement, maximizes efficiency and promotes quality outcomes and patient safety.

*NewsRounds* asked Rush interventional clinicians how the Tower has changed the way they work and improved patient care. Here’s what they said:



“I love working in the Tower — it’s a great space. I often collaborate with the pathologist during my frozen sections (biopsies) and am able to see the slides in real time on a large flat screen in the operating room. This capability allows me to better visualize what the pathologist sees.”

— Summer Dewdney, MD, assistant professor, Division of Gynecologic Oncology



“Prior to the Tower, my office was away from the unit. Now I’m in the heart of it, I’m more naturally involved with what’s going on. The environment is more calming, with the increased level of privacy for patients and their families, as well as the quiet. Before, families would stay with the patients, but the rooms weren’t really well-suited for overnight visitors. The new patient rooms allow family members to truly be with their loved ones.”

— Mary Jane Tully, RN, unit director, surgical intensive care unit



“The Tower has had a huge impact on my work as a surgeon. In addition to its state-of-the-art facilities, the layout of the operative and perioperative space has greatly improved the patient, family and physician experience. Having all these areas centralized has streamlined the check-in process, made it much more comfortable for the patient and family, and made it much easier for me to meet with them before and after surgery.”

— Jonathan A. Myers, MD, associate professor of surgery



“One of the many benefits of the Tower and the interventional platform is that the close proximity of staff and technology enables an unprecedented level of collaboration. Endovascular specialists are working together in new and exciting ways. It’s great for us and even better for our patients.”

— Jeffrey Snell, MD, director, Interventional Cardiology Program



“When we designed the Tower, we set out to create a common area for the arrival of patients, both outpatient and inpatient, which has come to fruition. Patients now come to one central location, overseen by a dedicated staff. It’s a huge plus that’s changed the work flow for the better. Whether it’s before or after a procedure, our radiology technicians can focus on the patient, rather than splitting their time transferring patients to and from procedures. It’s truly a patient-first approach.”

— Bernard Peculis, MS, administrative director, hospital radiology

## EMERGENCY DEPARTMENT KEEPS PACE WITH GROWING DEMAND

The Rush emergency department (ED) has been busier than expected ever since it opened in January 2012, but you wouldn’t know from walking through it on a recent weekday afternoon. Although 48 patients are receiving care in the 60-bed unit, the ED feels calm. Doctors and nurses in blue scrubs confer quietly at computer terminals and duck in and out of the rooms to check on patients.

The ED is part of the McCormick Foundation Center for Advanced Emergency Response, which provides an unprecedented level of readiness for large-scale health emergencies, such as a mass outbreak or a terrorist attack. It is the only center of its kind in the country.

The ED is on track to receive 60,000 patient visits during the current fiscal year (which ends June 30), an increase of about 15 percent from last year, according to Dino Rumoro, DO, chairperson of the Department of Emergency Medicine. About 23 percent of those patients are then admitted, resulting in approximately 14,000 patients for Rush annually.

Ambulance runs to the ED have increased by 40 percent since it opened thanks to a large ambulance bay, which allows emergency

medical crews to bring patients into the ED quickly and easily, and the greater accessibility of the emergency department’s location right off Congress Parkway and the Eisenhower Expressway.

Patients also are bringing themselves to Rush’s ED, many of them traveling miles (and bypassing other hospitals) to get there. “We’ve improved access to care for the people in this community, and obviously beyond our immediate community, because they’re coming from beyond our ZIP code,” Rumoro says.

In addition to their increased numbers, the patients arriving are more seriously ill and injured.

“We’re seeing more stroke patients, more chest pain patients. We’re doing more procedures such as conscious sedation and orthopedic treatments,” says Patricia Altman, RN, unit director, emergency medicine. “They require more resources and more time.”

**Attending to Details**  
The new ED was designed not only to handle this greater demand, but also to provide comfort for patients and their companions during an often frightening time. Brightly lit and spacious, the 44,000-square-foot space is far larger than Rush’s old ED, enabling staff to move around easily.



*Patients receive care in the Rush emergency department, which has taken steps to adapt to a greatly increased number of visits since moving to the Tower.*

Each room is behind a glass door, allowing caregivers to keep an eye on patients, but with a curtain that can be drawn to provide privacy. The single-patient rooms are large enough to accommodate visitors, and each one has a television set in it to help pass the time.

Still, the increased demands on the ED were even greater than expected, and in the course of the last year, the department has made adjustments to adapt to them. The nursing staff has grown by a net total of more than 10 RNs since the Tower opened, and the department has two more physicians now as well.

In December, the department implemented a new arrangement

to make sure that less seriously ill patients are seen quickly even while patients in crisis situations are being rushed into treatment. “The stroke and chest pain patients, as well as the medically emergent patients will go right into a treatment bed and be seen by a doctor,” Rumoro says.

For patients with less pressing medical needs, the department has converted one of its three care areas (known as pods) to be a rapid evaluation area. The ED has hired and trained a team of four advanced practice nurses who perform an initial assessment of patients who present with less severe conditions, then move them on to the second and

third pods to receive care from ED physicians.

“The overall objective is that we reduce the time from a patient’s arrival in the emergency department to the time they’re seen by a provider and minimize their time in the waiting rooms,” says Runay Valentine, RN, BSN, MHA, director of emergency department operations, who joined Rush in September.

“The emergency room is described as a doorway to your hospital,” Rumoro says. “With the move into the Tower and our ongoing work to make the most of our new home, we’ve made our ED a better entryway into Rush.”



## 8 TOWER AND 8 ATRIUM TO OPEN THIS SUMMER

### Moms and Babies

This coming summer, Rush's tiniest patients in the neonatal intensive care unit (NICU) will be among those making the move to the eighth floor of the Tower — the new home to labor and delivery and the NICU. This move will come after the renovations are complete on the Mother-Baby Unit, which will relocate from 6 Kellogg to the eighth floor of the Atrium Building; 8 Atrium will be connected to 8 Tower by a walkway.

When complete, the Mother-Baby Unit on 8 Atrium will have new and improved, single-patient, family-friendly rooms, including several patient suites created by removing the wall between two rooms, and others that will incorporate a connecting door between two adjacent rooms. This flexible design provides additional space for mother-baby couples, family and visitors. Other amenities include 42-inch flat screen televisions and a family lounge with a computer.

"Our goal is to keep mother and baby together as the baby's condition permits," explains Diane Gallagher, MS, RN, associate vice president of clinical nursing operations for women's and children's nursing. "The

new design includes spacious rooms that provide a relaxed and comforting space for mom, baby and family to be together."

Right now crews are freshening up 8 Atrium with new paint and installing new vinyl flooring in the hallways. Once complete, the eighth floor of both the Atrium and Tower will provide enhanced facilities and technologies for our maternal and neonatal programs. In the spring, staff members who will be moving in these areas will begin formal training to learn how to work in their new spaces.

### The Neonatal Intensive Care Unit – Precious Seconds Saved

At many hospitals, critical newborns are transported long distances from the delivery suite to the NICU, wasting precious minutes and risking exposure to germs and infection. At Rush, the eighth floor of the Tower was designed to locate the NICU just steps away from the delivery rooms so babies can be in the hands of a specialized neonatology team within seconds after delivery.

"One of our philosophies here is that the first 20 minutes of life is really important. In fact, the first 20 minutes can greatly affect

a person's health for the next 80 years," says Robert Kimura, MD, director of neonatology. "We're looking ahead to an incredible shift beyond what we already do to what more we can do for high-risk babies from the moment of birth."

Three high-risk obstetrical operating rooms are immediately adjacent to the NICU, along with a NICU procedure room and a five-bay infant resuscitation area so neonatal specialists can immediately begin caring for high-risk infants who need special care.

Every detail of the NICU — including individual rooms that include family space so parents can stay close to their baby 24/7 if they desire — supports a healthier, more soothing environment for infants and their families. The unit is laid out in three pods of 24 rooms each. The NICU will be staffed 24/7 with board-certified neonatologists, neonatal nurse practitioners, NICU staff nurses, respiratory therapists, and other support team members.

### Labor and Delivery

The expanded labor and delivery unit on 8 Tower will include OB triage, a labor



Like the other Tower patient rooms, the NICU includes single, standardized rooms for our newborns and their parents.

lounge and 10 labor-delivery-recovery rooms located right next to the NICU, eliminating the need for transfer to other rooms between stages of the birthing process. These spacious, single-patient rooms will include a sleeper sofa and other amenities, and there will be two infant stations in each room to accommodate multiple births. Newborns will go to the Mother-Baby Unit with their mothers, or to the infant resuscitation area or a NICU room depending on their condition.

To learn more, visit [Transforming.Rush.edu](http://Transforming.Rush.edu).

## COMMUNITY EVENTS

### Take Care of Your Heart

**Saturday, Feb. 23, 8:30 a.m. to noon, Searle Conference Center**

Join physicians from Rush for a comprehensive talk about heart health. During this seminar, you'll learn about disease risk factors, including diabetes, high blood pressure and high cholesterol, along with detailed information about specific conditions, such as atrial fibrillation, heart failure and vascular disease. You'll also hear the latest in research and clinical trials.

### Lung Cancer Diagnosis, Treatment and Research

**Thursday, March 21, 6 to 8 p.m., Armour Academic Center, Room 976**

The first step in effective treatment of lung cancer is accurately diagnosing it and determining if and where it has spread outside the lung. At The Coleman Foundation Comprehensive Lung Cancer Clinic, physicians use the most advanced methods of imaging, biopsy and analysis to determine each patient's stage and treatment. Join experts at Rush to learn the latest advances in lung cancer diagnosis, treatment and research at this free event.

To register for either of these events or for more information, please call (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).

## People News

### Appointments

**Larry Woods** joins Rush as director of Environmental Services (EVS) and **David Steinbach** comes to the Medical Center as assistant director of EVS. Both previously worked at Crothall Healthcare, the company that partners with Rush to provide environmental services. Woods has more than 15 years of EVS experience in hospitals across the Chicago area, ranging in size from large academic medical centers to small, rural hospitals. He has a broad range of health care experience that includes safety, new hospital design, starting new accounts, patient throughput, HCAHPS, standardization and customer/employee relations. Steinbach has served in various operational positions at hospitals throughout the Midwest. He brings with him more than 30 years of management and staff development experience in progressive business disciplines.

### Kudos

**Christopher L. Coogan, MD,**



professor of urology, was elected in August as secretary/treasurer of the Chicago Urological Society for a one-year term.

**Laura Grimmer, MD,** second-year resident in general surgery, recently published a novel titled

*Burnt*. The book is based on Grimmer's experience caring for burn patients. For more information about her book, visit [Amazon.com](http://Amazon.com).

**Stephen M. Korbet, MD,** director of the Division of Nephrology and the Lester and Muriel Anixter Professor of Nephrology, recently was elected to mastership in the American College of Physicians (ACP) for his contribution to medicine. ACP is a national organization of internists — physicians who specialize in the prevention, detection and treatment of illnesses in adults. Korbet will be recognized in April during ACP Internal Medicine 2013 in San Francisco.

**Latania K. Logan, MD,** interim



section chief, pediatric infectious diseases, received a research grant from The Childrens Foundation in October. The grant is for Logan's research on the epidemiology of antibiotic resistant bacteria in children. The Childrens Foundation is a not-for-profit organization whose mission is to raise awareness and contribute funds and service toward the health and well-being of children.

**James T. O'Donnell, PharmD, MS,** associate professor of pharmacology, recently had the third edition of his book *Drug Injury: Liability, Analysis, & Prevention* published. He

also recently published the article "Clinical Pharmacology for the Primary Care Physician," in the October issue of *Disease a Month*.

**JoAnn O'Reilly, MA,** received the 2012 Distinguished Service Award from the north central region of the Association of Clinical Pastoral Education (ACPE) at its annual meeting held in October. This award was given in recognition of O'Reilly's long service to the north central region and the national leadership of ACPE. The ACPE is a multicultural, multifait organization devoted to providing education and improving the quality of ministry and pastoral care offered by spiritual caregivers of all faiths through the clinical pastoral educational methods used in the teaching of pastoral care.

**Julio Silva, MD,** chief medical



information officer, was recently chosen as one of *Modern Healthcare* magazine's top 25 clinical informaticists (information science professional). This annual recognition program honors medical professionals who excel at using patient care data to improve both the clinical and financial performance of their health care organizations.

**Shannon Sims, MD, PhD,** director of



clinical informatics, was recently appointed a member of the technical expert panel of the "eMeasure Feasibility Testing" project for the National Quality Forum (NQF). The forum is a Washington, D.C.-based organization that sets standards for quality measurement for large federal government programs. Increasingly, quality measurement is done using electronic medical records (EMRs). Sims advises the NQF on how to develop a technical approach to gather data from EMRs while making it as easy as possible for providers to participate in the programs.

Sims also was appointed chair of the NQF's Quality Data Model Advisory Committee, which is a subcommittee of the Health Information Technology Advisory Committee on which he serves.

In October, **Jennifer Weuve, MPH,** assistant professor of medicine, Rush Institute for Healthy Aging, received the Distinguished Service Award from her alma mater, Luther College. This award is one of the highest honors bestowed by the college and is given in recognition of success and achievements in professional fields, service to society, contributions to community and loyalty and service to Luther.

To read more People News, please visit <http://inside.rush.edu>.



# NEWSrounds

## Satisfaction Soars

### PERIOPERATIVE CARE UNIT'S SIX-YEAR EFFORT PAYS OFF WITH HIGHEST PATIENT SATISFACTION SCORES EVER

Rush's perioperative care unit (PCU), formerly known as the ambulatory surgery unit, recently achieved a milestone when it received the highest patient satisfaction score recorded for the unit in the 12 years that patients have been surveyed about their experience.\* The PCU, which performs about 10,000 outpatient surgeries a year, received a score of 93.6 for the second quarter of the Medical Center's fiscal year (Oct. 1 – Dec. 31, 2012). That score beat the all-time high of 93 it set just the previous quarter. Both scores surpassed the unit's goal of 92.6.

This achievement represents a tremendous improvement for the unit, which had scores in the mid-80s a half dozen years ago — when it ranked in the lowest group among similar units in other academic medical centers. The latest scores put the unit in the 85th percentile among academic medical center peers.

The turnaround came after the unit's new leadership made a concerted effort to improve the patient experience — an effort that offers lessons for everyone at Rush about how to provide patients with the best possible experience as well as the best possible care.

The unit's clinical care already was outstanding, but as Scott Sonnenschein, vice president, hospital operations, observes, "patients and their families don't fully understand what's going on in the surgery itself. The patient is unconscious or

highly sedated, and the family members aren't in the operating room."

Instead, patients and their loved ones form impressions based on their experience prior to and after the surgery. When Sonnenschein arrived at Rush six years ago, that aspect wasn't going as desired.

"Patients were going into surgery late and coming out late, and families were upset," Sonnenschein acknowledges. "Any delay heightens their anxiety." Issues such as failing to receive pre-surgery communication, incomplete pre-operative documentation, lack of privacy in the pre-op waiting area, and needing to travel from the fourth floor waiting area to the fifth floor operating room in the Atrium Building also contributed to patient dissatisfaction.

Sonnenschein made improving the situation a priority, beefing up the unit's patient satisfaction committee to include key staff members and leaders from all the areas where changes had to occur. "When the leadership of an area has an absolute will that something's going to get done and the staff is engaged, that's when it happens," he says.

The committee examined the data the surveys provided, focusing on the questions on which the unit fared poorly and looking for ways to improve. Using Epic Op Time, a module of Rush's newly implemented medical information system, the committee began tracking how long

patients were waiting for surgery, where they were waiting and why.

#### Many Changes, Common Goal

So how did they do it? The PCU made the following key changes:

- **Planning ahead:** The unit now sets the surgery schedule for each day no later than the preceding afternoon, rather than making constant adjustments in response to fluctuating situations, as had been the practice. This change also made it possible to reduce the number of calls patients receive the day before they undergo a procedure. "We call once, anesthesia calls once, so the patients aren't getting all these different, conflicting phone calls," says Patricia Farrell, RN, MSN, MBA, associate vice president, surgical and interventional services.
  - **Identifying the goal:** They determined the high priorities such as friendliness and pain control and worked closely with the unit's nurses. "The nurses responded great. It was as if all they needed was someone to tell them, 'just go do it,'" Farrell says. "Now, we don't send anyone home with a pain score higher than four."
  - **Using new tools to communicate:** The unit added a patient status board (akin to the flight departure and arrival board in an airport terminal) in the waiting area for patients' families. "It allows families to be updated about how their loved ones are proceeding through the process," Sonnenschein says.
- In addition, the unit hired a patient and family liaison to keep people updated about the process and to provide a point of contact for families.
- **Saying sorry when needed:** "If somebody's delayed, we recognize it, and we'll give out parking passes, food tickets, send flowers. If something's really gone wrong, we'll send a handwritten letter," says Kim Humbarger, RN, director of the PCU.
  - **Always saying thank you:** The unit sends each patient a thank you card after they go home from surgery. Prior to each procedure, Farrell and Humbarger sign the card, which then is attached to the patient's chart and signed as the chart is passed from nurse to nurse.
  - **Listening to our patients:** In addition, Sonnenschein personally reads every patient comment on every survey, sending along positive comments to clinicians to encourage them to keep up the good work and seeking process changes when warranted.
- The unit's move into the Tower last year has further contributed to the improvement in patient satisfaction. "Patients don't have to change on one floor and



*Diane Dangerfield, RN, a nurse in the perioperative care unit, prepares patient Henry Lang for surgery.*

be escorted in an elevator in a gown. You stay on one floor before, during and after surgery," Humbarger says. In addition, the family waiting areas are on that floor as well, making it easier for physicians to meet with families after a procedure. Similar upgrades to outpatient surgery facilities in the Atrium Building are planned for this year as well.

The overall result of these initiatives is that surgery has become a less stressful experience for patients. "Undergoing surgery is serious and stressful enough by itself," Humbarger says. "We've made it an easier process for them."

Even after reaching their highest point of patient satisfaction, the PCU continues to look for ways to improve. "This hasn't been a one-day endeavor," Sonnenschein says. "It's been a six-year trip that continues forward."

\*The survey is conducted Press Ganey, a South Bend, Ind., health care research company that works with more than 10,000 organizations in the United States.

## MORE AND MORE PEOPLE ARE choosing HEALTH



*Marva Jones Hoover (at right) and her walking partner, Deanna Chavers, human resources associate, take a daily lunchtime walk through the Medical Center.*

Marva Jones Hoover received an unexpected surprise when she took part in the first Choose Health screening at Rush in September 2011. "I was excited to participate and confident my results would turn out normal," says Hoover, a compensation specialist in the Department of Human Resources. "Instead, my initial stats showed my

blood pressure and weight were the highest that they'd ever been, and they were outside the normal range. What an eye opener."

Choose Health is Rush's comprehensive, voluntary wellness program, which is available for all employees participating in Rush health plans. The program is designed to increase employees'

wellness awareness by identifying individual health risks and to assist employees with managing lifestyle changes, leading to improved health and well-being. The cornerstone of the Choose Health program is the annual health screening, which gives information about risk for cardiometabolic disease (heart disease and diabetes) and tells which preventive screenings and lifestyle changes are needed to improve health.

As with any wellness program, the No. 1 goal is to make people aware of their health, according to Katie Foulser, manager of Choose Health. "We want people to be more proactive about their health. We want to get them to know what their numbers are, like body mass index (BMI), blood pressure and cholesterol level," she says. "People are often in denial about their health; we want them to start paying attention."

With the help of Choose Health's walking challenge and Weight

Watchers, Hoover has lost 27 pounds and currently exercises four days a week. "Choose Health motivated me to get healthier by making me aware of my numbers," she explains. "I could see my weight gain, but seeing my numbers helped me realize I needed to make changes for my well-being."

More Rush employees like Hoover are taking advantage of the opportunities. Approximately 4,000 Rush University Medical Center employees completed the 2012 Choose Health screening — double the number in 2011.

#### What Do the Screening Results Tell Us?

In addition to individual screening results, which provide feedback about personal risk for disease, the aggregate results provide information about employees' overall health risks that help Rush make decisions about incentives and where to invest wellness resources.

The reports from the 2012 screening show waist circumference and blood pressure are high risk factors for Rush employees. Nearly 60 percent of employees screened were either overweight or obese; 40 percent had a waist circumference that increases risk for heart disease; and 40 percent had blood pressure in the high risk range. While 9 percent of employees had blood sugar in the diabetes range, nearly twice that number had blood sugar in the prediabetes range. The good news, however, is that results for blood pressure and waist circumference size improved from the 2011 screening.

"The screening results tell Rush where the health improvement opportunities are," says Jane Hawes, director of employer relations, Rush Health. "What we learned from the screenings is guiding the development of

*continued on page 2*



Bridge Builder

NEW CHAIR OF INTERNAL MEDICINE WANTS TO INCREASE PARTNERSHIPS, GROW RESEARCH ALONG WITH CLINICAL SERVICE

Last September, Jochen Reiser, MD, PhD, joined Rush as the chairperson of the Department of Internal Medicine, the Medical Center’s largest clinical department. Reiser replaced Stuart Levin, MD, who retired after 21 years as chairperson of the department.

Reiser came to Rush from the University of Miami Leonard M. Miller School of Medicine, where he was the Peggy and Harold Katz Chair in Vascular Biology and Kidney Disease; professor of medicine, anatomy and cell biology; vice chair for research in the Department of Medicine; and chief of the Division of Nephrology and Hypertension.

Reiser earned his medical degree and doctorate, in molecular and cell biology, in his native Germany before completing a residency in internal medicine at Albert Einstein College of Medicine in New York and a fellowship in nephrology at Harvard Medical School in Boston, where he then served as assistant professor. An internationally known researcher and clinician, Reiser spoke to *NewsRounds* about his plans to strengthen the department’s relationships within and outside the Medical Center to support the growth of its clinical and research programs.

**NewsRounds:** Why did you decide to leave the University of Miami and come to Rush?

**Reiser:** Rush has a big name. It has a tradition of excellence in clinical care and some excellent research discoveries, for example, the discovery of the base of sickle cell disease. When I learned of the opening, I thought it would be a positive challenge to infuse more basic and clinical research into

what primarily has been a clinically oriented department.

**NewsRounds:** What did you learn about leadership from your previous positions at Miami? How have they prepared you to lead the Department of Internal Medicine at Rush?

**Reiser:** I learned the concept of careful business planning, making well thought through projections for research operations, and strategic focus — all the things that as a physician you’re not often taught to do. I learned the balance between what we want to do in academic medicine and understanding that you have to have a very strong clinical operation and customer service in order to help fuel that research enterprise and make it sustainable. We did a lot of clinical development to support the research mission.

I learned how to embrace people in the educational mission. We started to score teaching efforts and gave people awards for their teaching and critical feedback as well as informing them how well they’re doing it. We embraced peer review, where a group of faculty colleagues look at other faculty members and give a review of how they’re doing with their clinical activities, their research activities and their teaching activities.

**NewsRounds:** What’s your leadership style?

**Reiser:** I have a very positive attitude and like to build bridges. I think we all should be very grateful to have the opportunity right now to be in a flourishing environment here at Rush, and I think there are a lot of opportunities and fertile grounds to make it even better. A lot of it starts with our

attitude and how we present ourselves. If we do not reach out a hand, we miss out on many new ideas.

**NewsRounds:** What’s your vision for the department?

We are not starting from scratch here. This is a fine department. It is full of a lot of talent. Now is the time to build up the clinical enterprise, holding ourselves accountable and collaborate with our colleagues in other departments. For example, let’s say someone is in the hospital with a broken spine and also has diabetes that needs to be managed. We want to be a collaborator with our clinical partners to care for the patient quickly and with high quality.

We also want to build molecular and translational research on a larger scale. We already have formed a program in molecular medicine out of existing grants and newly invested funds. It will give us more definition in the department and can eventually be largely sustained by grants, programs and industry contracts.

We want to go out into the community and be a partner. For example, hematology/oncology is now a partner for DuPage Medical Group. That’s increasing our referral base and doing something good for the community. We want to build an even stronger relationship with the John H. Stroger, Jr., Hospital of Cook County, which is a fine institution that cares for many of the most in need.

We also want to improve education. How can we improve our teaching? We’re going to put a question mark behind a lot of things and evaluate them. We want to increase accountability — everyone has to do a certain



Jochen Reiser, MD, PhD, working in his research laboratory at Rush.

amount of clinics, a certain amount of teaching.

**NewsRounds:** How are you promoting greater collaboration within the department?

**Reiser:** In the department, we have created town hall-style meetings so that every faculty member in this almost 300-person department has a regular voice. We also have division chief meetings on a regular basis. We have small committees and task forces that tackle problems, so there’s a lot of room set up for interaction with each other, embracing each other’s expertise and getting to solve problems.

**NewsRounds:** What other initiatives have you implemented?

**Reiser:** We have set up a committee on research, which is a group of distinguished faculty with broad research expertise that review junior faculty projects and possibly provide bridge funding. We want to build the next level of leadership, where the department is infused

with junior clinicians and basic scientists.

We have also started a first in time attending-directed service in hospitalist medicine, which means we have a group of faculty in the hospital that is taking care of all kinds of acute conditions without resident support. This improves flow-through of patients in the hospital and assures compliance with residents’ work duties.

**NewsRounds:** Where do you want to see the department being in five years?

**Reiser:** I think this department has the chance to transform into a stellar clinical and research delivery system where the quality of the physicians, nurses and staff make all the difference in delivering a unique and highly successful patient experience. Furthermore, the Department of Internal Medicine will be a place where we love to come to work and study every day.

NEWSrounds

March 2013

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 **RUSH**  
*Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.*

choosing HEALTH

standards for incentives in 2013 and directing our focus to campus wide programs that encourage weight loss and increased physical activity.”

“Although the next free health screening won’t take place until this July, Rush employees can start improving their well-being now,” says Foulser. “We just began Rush around the World, our 12-week, self-directed walking program, in mid-February. Every two weeks there’s a new virtual map for participants to follow. Choose Health also has free Zumba

*continued from page 1*

dance fitness classes two nights a week, as well as Pilates and yoga classes.”

To employees who are hesitant to make lifestyle changes, Hoover points out that Choose Health is a free program that’s beneficial to their health. “You have nothing to lose but something to gain,” she says. “Even if your health screening results are in the normal range, the incentives are worth the participation.”

*If you have questions or would like more information about Choose Health, please send an email to [ChooseHealth@Rush.edu](mailto:ChooseHealth@Rush.edu).*

**Choose HEALTH** offers incentives for employees to consider their health and wellness in a new way and to take the necessary steps to change it for the better. Those incentives are as follows:

- If you participate in Choose Health, and you do not use tobacco, you will receive a **\$300 discount** on your medical insurance premium payments in 2014.
- You receive **\$100** if you complete the screening and any required follow-up
- You receive an **extra \$50** if you meet one of the following criteria:
  - Your 2013 screening BMI (Body Mass Index) is under 25\*.
  - Your 2012 screening BMI was between 25 and 27.4, and your 2013 screening BMI is the same or lower than your 2012 screening BMI.
  - If your 2012 BMI was 27.5 or higher, you need to lose 5 percent of your 2012 body weight or have a 2013 screening BMI below 27.5.

*Please note: The first year you complete the screening, you are eligible for the extra \$50 regardless of your BMI.*
- Special information for tobacco users
  - You must complete a smoking cessation program to receive the **\$150 incentive**.
  - You must be tobacco free for 90 days in advance of the screening to receive a **\$300 discount** on your medical insurance premium payments in 2014.
  - If you do not quit, you will pay **\$300 more** on your medical insurance in 2014.

**Questions?** Please contact [ChooseHealth@rush.edu](mailto:ChooseHealth@rush.edu) or (312) 942-7479.

Manage Your Weight and Get Healthy at Rush

**Weight Watchers at Work**  
[ChooseHealth@rush.edu](mailto:ChooseHealth@rush.edu) or (312) 942-7479

**OnTrack Healthy Weight coaching through Rush Health**  
[OnTrack@rush-health.com](mailto:OnTrack@rush-health.com) or (312) 563-6304

**Nutritional counseling through Employee and Corporate Health Services**  
(312) 942-5878

**Measure Up individualized metabolic testing and weight loss support through the Department of Food and Nutrition**  
(312) 942-5926

**Rush ELM (Eat well, Love better, Move more) comprehensive weight management and lifestyle change program through the Department of Preventive Medicine**  
(312) 942-3133 or [Rush\\_Prevention\\_Center@rush.edu](mailto:Rush_Prevention_Center@rush.edu)

**Project Lifestyle Change for people with pre-diabetes at Rush Oak Park Hospital**  
(708) 660-5900

**Weight management for employees with chronic health conditions**  
Rush Generations at (800) 757-0202

**Exercise classes at Rush**  
*Zumba, yoga, Pilates, and line dancing at Rush*  
[ChooseHealth@rush.edu](mailto:ChooseHealth@rush.edu) or (312) 942-7479

*Zumba Gold, T’ai Chi, and gentle yoga, all geared toward older adults, are available through Rush Generations*  
(800) 757-0202

*Kettleball classes and power yoga are offered through the Department of Preventive Medicine*  
(312) 942-3133 or [Rush\\_Prevention\\_Center@rush.edu](mailto:Rush_Prevention_Center@rush.edu)



# Employee Awards

Three times a year, Rush employees are recognized for going above and beyond the call of duty for patients, families, visitors and co-workers, and for exemplifying the I CARE values (innovation, collaboration, accountability, respect and excellence). The following are the recipients of Rush's November employee awards.

## CLINICAL EMPLOYEE OF THE QUARTER

Not just one, but seven nurses submitted compelling narratives that proved the case that **Shari Brandli, MD**, resident, Department of Anesthesia, is deserving of recognition. Their testimonials show that she is compassionate, responsive, thoughtful and thorough. Demonstrating these qualities, Brandli once visited a dying patient's church on her personal time, despite being of a different religious faith, to ensure that the patient would receive last rites, the prayers before death that are considered an essential sacrament in the Catholic faith. "One thing that has always struck me about her is the complement between her cool-headed competence in high-stress situations and her jovial nature during downtime," says Maria Jamison, RN, neonatal intensive care unit.



## NON-CLINICAL EMPLOYEE OF THE QUARTER

While working diligently to inform and engage employees, students, physicians and visitors about the Tower opening, as well as many other key efforts at Rush, **Cindee Castronovo**, associate director of internal communications, Department of Marketing and Communications, continually sets an example of how to ensure that patients are treated as the priority. In one instance shortly after the Tower opened, she saw that an elevator was filled with staff members while a paramedic waited to take a patient on a gurney to a nursing unit. Castronovo asked the staff members to step out to allow the elevator to be used for the patient. "She leads by example, and her commitment to the values, particularly accountability, is true in everything she does," said Anne Burgeson, internal communications director, marketing and communications.



Anne Burgeson (left) and Cindee Castronovo

## MANAGER OF THE QUARTER

When faced with a new undertaking, **Gia Crisanti, RN**, director of the critical care unit (CCU), is known to ask, "How can we do this in a way that is best for everyone involved?" Wendy Gordon, RN, CCU, describes the sentiments of the staff members who work for Crisanti by saying, "She has a knack for explaining the importance of new policies and practices in a way that makes her employees feel invested in the intended positive outcomes." Gordon says that when she first was hired, she modeled herself after Crisanti, noting how she was knowledgeable and calming when informing patients and their families about what to expect during their hospitalization, and liked by her peers for her sense of humor.



Elizabeth Day, RN, critical care unit, (left) and Gia Crisanti

## TEAM OF THE QUARTER

In August, Rush's Laurance Armour Day School (LADS) achieved accreditation by the National Association for Education of Young Children, recognition of excellence that only 8 percent of preschools and early childhood programs nationwide have earned. In addition to completing a self-study and an on-site evaluation, the teachers at LADS put together extensive portfolios demonstrating that LADS met the required 10 program standards and 400 related accreditation criteria — all while continuing to provide outstanding care and learning experiences for the children.

Front row left to right: Anne Burgeson, LADS parent; Maria Walker, MED, director, LADS; Ramona Orr, teacher; and Nicole Morales, assistant teacher. Second row, from left to right: Shirley Sapala, nurse clinician 2; and Maria Cortez, assistant teacher. Back row, from left to right: Elizabeth Linahon, lead teacher; Isabela Padilla, administrative manager; Amanda Leftwich, assistant teacher; Briana Jegier and Peter Ziarno, LADS parents; and Joseph Tanksley, teacher.



## NOVEMBER 29, 2012

## CAROL STEGE AWARD

For Environmental Services

**Claudine Johnson** (right), technician, Environmental Services, takes pride in her work and is accountable for taking care of the patients' environment. She goes above and beyond her duties by refilling patients' water pitchers and forging supportive relationships with many patients. "As I round on her unit, patients know her by name and complement her spirit and attitude," says Dwan Jones, manager, Environmental Services.



For Medical Center Engineering

**Salvatore Franzese**, foreman, Medical Center Engineering, maintains a professional attitude toward patients and staff members that is proven by his willingness to help anyone anytime they ask. "Sal is very helpful to have on our third shift because of his 21 years of experience at Rush and knowledge of hospital equipment and systems," said Ruben Cantu, plumbing shop manager, Medical Center Engineering.

## RUSH VALUES AWARD

In the morning on 13 East Tower, **Vergie Partee**, patient care technician, orthopedics, can be heard cheerfully announcing "good morning" to each patient as she visits each room with a cart of fresh ice. Partee not only is quick to notify a nurse if the patient has pain, but also tries to help the patient by distracting them or bringing ice packs for their aching joints and muscles.

## PATIENT SATISFACTION "STAR"

Every quarter, an employee whose name appears in two or more favorable patient evaluations is awarded the patient satisfaction "star" award. The following are the eight stars who were honored and what some of their patients had to say about them:

**Jessica Cherikos, MSN, WHNP**, Women's and Children's Services

"Jessica really helped me through a very difficult time. Her sensitivity to her patients' needs made a huge difference."

**Keri Kwarta**, audiologist, Audiology and Speech Language Pathology

"Keri is outstanding, super-supportive, professional and caring."

**Shira Miller, MS, CCLS**, child life specialist, Child Life Services

"Shira has helped us through many visits and tests. We would have been lost without her."

**Kari Nugent, RN**, registered nurse, Labor and Delivery

"Kari was super-kind, kept us informed, was supportive of the labor process and acted as an advocate."

**Jamie Ostrom, RN**, registered nurse 1, Emergency Department

"Jamie was excellent at maintaining my comfort and listening to my needs. She thoroughly explained everything to me."

**Karen Pittro**, guest relations associate, Hospital Guest Relations

"Karen has a cheerful demeanor that means a lot to a patient and family going through a difficult time."

**Marianne Squiller, LCSW**, social work case manager, Case Management

"Marianne worked way past her scheduled time in order to make sure everything went smoothly."

**Rey Vela, RN**, Neuroscience

"Rey built a positive relationship filled with care and compassion."

Front row, left to right: Audrey Dean, Rey Vela. Middle: Keri Kwarta. Back row, left to right: Shira Miller, Marianne Squiller, Kari Nugent, Jessica Cherikos, Karen Pittro. Not pictured: Jamie Ostrom.



If you would like to nominate someone for an employee award, please call ext. 2-5916.



# News Briefs

## COMMUNITY PROGRAMS

### Joint Replacement for Hips, Knees and Shoulders

Wednesday, April 10, 6 to 8 p.m.

Armour Academic Center, Room 976

Ranked among the best in the country by *U.S. News & World Report*, Rush's orthopedics program is home to orthopedic surgeons whose research discoveries and leading-edge therapies are offering new treatment options for patients. At this free event, orthopedic surgeons at Rush will discuss the latest joint replacement options for hips, knees and shoulders.

### Women's Health: Menopause, Osteoporosis and Incontinence

Thursday, May 23, 6 to 8 p.m.

Armour Academic Center, Room 976

The risk for developing osteoporosis and urinary incontinence increases as women enter perimenopause and menopause. Experts from Rush will discuss symptoms of these conditions and available prevention and treatment options at this free event.

To register for either of these events or for more information, please call (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).

### RUSH REACCREDITED AS A CHEST PAIN CENTER

Rush recently was reaccruited as a Chest Pain Center by the Society of Cardiovascular Patient Care (SCPC). In order to receive SCPC accreditation, hospitals must meet or exceed a wide set of stringent criteria, demonstrate a commitment to reducing the time it takes to receive treatment, and increase the accuracy and effectiveness of treatment in a coordinated process that can save lives. In 2009, Rush became the first academic medical center in Chicago to earn the accreditation.



## NIX THE SALTY SIX

At Rush, keeping people healthy includes helping rush staff, employees, students and volunteers lead healthy lifestyles. As part of that effort, Jean Alves, MS, RD, LDN, a clinical dietitian at Rush, offers tips on healthy eating and activity.

Today's processed and packaged foods are laced with salt. The average American consumes about 3,400 milligrams of sodium a day, according to the U.S. Department of Agriculture — more than twice the 1,500 milligrams recommended by the American Heart Association (AHA). Over time, a diet high in sodium can increase your risk for high blood pressure and heart disease.

While kicking your salt habit may seem impossible, it actually can take as little as three weeks to start re-shaping your taste buds' preferences. That's why the AHA has introduced its 21-day Sodium Swap Challenge.

Simply by cutting back on a few of the top sodium offenders — the Salty Six — over a few weeks, you can gradually wean yourself off of salty foods in general. The Salty Six includes breads and rolls, cold cuts and cured meats, pizza, poultry, soup and sandwiches.

To reduce your sodium intake and protect your heart health, just take the following steps:

- **Week 1** — Start by reducing your consumption of breads and rolls as well as cold cuts and cured meats. For example, one piece of bread can have as much as 230 milligrams of sodium, while a serving of turkey cold cuts could contain as much as 1,050 milligrams of sodium. Look for lower sodium items, track your sodium consumption each day and log how much you've shaved off your diet. Also, remember to exercise portion control.
- **Week 2** — Keep that momentum going. In addition to the changes you've already made, avoid pizza and poultry this week. If you're going to eat pizza, try to aim for one with less cheese and meats, and add veggies instead. When cooking chicken or turkey at home, choose fresh, skinless poultry that is not enhanced with sodium solution.
- **Week 3** — As you round out your challenge, focus on your soup and sandwich choices. The two together typically make a tasty lunch or dinner duo, but one cup of chicken noodle or tomato soup

may have up to 940 milligrams of sodium. After you add all of your meats, cheeses and condiments to your sandwich, you can easily surpass 1,500 milligrams in one meal. When choosing a soup, check the label and try lower sodium varieties of your favorites. Make your sandwiches with lower sodium meats and cheeses, and use vegetables to add a healthy crunch, and use condiments sparingly.

By the end of the challenge you should start to notice a change in the way your food tastes and how you feel after you eat. You might even start to prefer lower sodium options, and you'll be aware of how much sodium you are consuming in a day. Making an effort to reduce the sodium in your diet will help you feel better and will help you live a heart-healthier life year-round.

If you have questions about reducing your sodium consumption or would like to schedule an appointment with a registered dietitian, please call (312) 942-5926.



## People News

### Appointments



Demetrius Lopes, MD

**Demetrius Lopes, MD**, director of neuroendovascular surgery, and **Jeffrey Snell, MD**, director of interventional cardiology, have been named co-directors of interventional services (4 Tower). They will also chair the Interventional Services Executive Committee.



Jeffrey Snell, MD

Rush has appointed **Kurt Olson, PhD**, as vice president, talent management and leadership development. He joins Rush with extensive experience from Andersen Consulting and Accenture that focused on achieving Accenture's business strategy through the development of its people. Most recently, Olson was the chief learning executive for Northwestern Memorial Hospital, where he focused on their talent management efforts, including the implementation of leadership development, employee development and employee engagement programs.

Rush has appointed **Allison Weathers, MD**, Department of Neurological Sciences, and **Shannon Sims, MD, PhD**, director of clinical informatics, associate chief medical information officers. Weathers and Sims have served

information services in the role of medical directors for several years. Weathers is the principal physician liaison for clinical systems while remaining active as an attending in the neurology department. She is responsible for directing system optimization efforts for physicians and will support educational programs for the medical staff, house staff and medical students. Sims leads data and analytics initiatives in addition to his work supporting quality, decision support and meaningful use projects.

### Kudos

**Sarah H. Ailey, PhD, RN**, assistant professor, Department of Community Systems and Mental Health Nursing, Rush University College of Nursing, **Tanya Friese, MSN, RN**, clinical instructor, also in community systems and mental health nursing, and **Arthur M. Nezu, PhD**, with Drexel University, authored the research paper "Modifying a Social Problem-Solving Program with the Input of Individuals with Intellectual Disabilities and Their Staff," which recently was published in the journal *Research in Nursing & Health*.

The work of **Elizabeth Berry-Kravis, MD, PhD**, professor of pediatrics, neurological sciences and biochemistry, was recently chosen by Autism Speaks as one of the group's Top 10 Research Advances for Autism in 2012. Berry-Kravis was the lead investigator on a study that found that arbaclofen, an experimental drug targeted to brain mechanisms in fragile X syndrome, was helpful in treating the social withdrawal and

challenging behaviors associated with this condition. The study's findings also suggest the drug might be used in the treatment of autism.

**Dana Bright, LSW**, manager of health promotion, Rush Health and Aging, recently joined the American Heart Association's (AHA) associate board of Chicago. Associate board members volunteer their time and talent to support the programs and activities of the AHA in support of its efforts to reduce the incidence of heart disease and stroke. During this year-long commitment, Bright will work to raise awareness of heart disease and stroke in the community and raise support for annual AHA events such as the Chicago Heart Ball, the Go Red For Women initiative and the Chicago Heart Walk.

**Brian Cole, MD**, sports medicine and



cartilage restoration orthopedic surgeon, Midwest Orthopaedics at Rush, was named a top sports medicine specialist in a recent issue of *Orthopedics This Week*. Cole was one of 19 physicians named as the best in sports medicine in the country. He is a professor in the Department of Orthopedics with a conjoint appointment in the Department of Anatomy and Cell Biology, as well as the section head of the Cartilage Research and Restoration Center. Cole is the team physician for the Chicago Bulls, and co-team physician for the Chicago White Sox and for DePaul University.

**Aidnag Z. Diaz, MD**, radiation oncologist and medical director, Rush



Radiosurgery, presented the results of his research on stereotactic radiosurgery (SRS) at the annual meeting of the Radiological Society of North America in November. The study, which was co-authored by

**Lorenzo Muñoz, MD**, University Neurosurgery, featured findings about how brain surgery and follow-up SRS help to streamline the care of brain cancer patients.



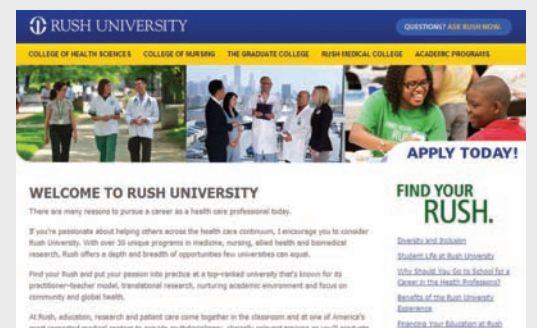
**Suzanne Flood, RN, ANP**, instructor, Department of Adult Health and Gerontological Nursing, Rush University College of Nursing, was honored as the 2012 Volunteer Primary Care Provider of the Year by Community Health, which is a free clinic located in Chicago's West Town neighborhood that provides care to the uninsured.

**Mary Jane Welch, DNP**, director, Human Subjects' Protection, and **Tom Wilson, MBA**, assistant vice president, Research Affairs, recently each published chapters in the book, *A Primer on Clinical Trials for the Research Administrator*.

**Rush University** recently was recently named a 2012 Collegiate Advertising Award winner, receiving the following three awards:

1. A Gold award for the Rush University "40th anniversary elevator wraps and window decals" in the poster/display series category
2. A Silver award for the "Rush University Facebook" update ([www.facebook.com/rushuniversity](http://www.facebook.com/rushuniversity)) in the social media marketing category
3. A Bronze award in the website design category for the "prospective student microsite" shown below (<http://admissions.rushu.rush.edu>) in the website design category

The Collegiate Advertising Awards recognize excellence in higher education advertising and marketing.



To read more People News, please visit <http://inside.rush.edu>.



# NEWSrounds

## Celebrating Diversity at Rush

### CLAPP AWARD WINNER OPENS DOORS TO FUTURE HEALTH CAREERS FOR KIDS

When Reginald “Hats” Adams, director of community affairs, joined Rush 45 years ago, diversity wasn’t a common term, and making an effort to maintain a culture of inclusion where everyone has equal access to opportunities was not a performance goal for all employees, as it is today. Nonetheless, Adams strived to promote diversity through his work and in his life, not because it was required, but simply because he felt it was the right thing to do.

In the 1980s, Adams saw there was a disparity in the science and math education that children were receiving in some areas of Chicago, including West Side neighborhoods around Rush. Since science and math are the core tenets of careers in health care, kids with limited education and exposure to those subjects have less of an opportunity to choose a health care profession. Working with the leadership at Rush, Adams initiated the Science and Math Education (SAME) Network, which engages children in these subjects at a young age by providing schools with training and equipment to improve how they teach science and math.

“He wanted to fill a void in the education of young people and prepare them for careers in the areas of math, science,

technology and health care,” says Paula Brown, manager, Equal Opportunity Programs.

With the support of Rush leadership and his staff, Adams led the charge, obtaining grants from companies to build science labs in schools, providing mentoring to teachers, developing after-school programs and forming science and math clubs.

Adams reflects on the program, saying, “In 1990, we built our first science lab in an elementary school. One of the results was that kids were getting to school earlier and were enjoying learning. In time, more kids from the West Side began to be able to participate in regional science fairs.”

Today, the SAME Network includes 45 elementary schools, six high schools, 14 churches and local businesses. Elida Bader, RN, BSN, neuroscience transfer coordinator, Case Management, received a nursing scholarship through the SAME Network and has been working in nursing at Rush ever since.

“I hadn’t considered nursing as a profession until I heard about the scholarship and the opportunity to work in the nursing units during summer breaks from school to learn more about it,” says Bader. “I ended up graduating from Rush’s

nursing program and have been in various nursing roles here for the past 20 years.”

In his 45 years at Rush, Adams has led many initiatives, in addition to the SAME Network, that have been influential in reducing disparities in Rush’s surrounding community. His work was honored in February, when he received the annual J. Robert Clapp, Jr. Diversity Leadership Award as part of Rush’s annual diversity week events.

The Clapp award is named for Rush’s late executive vice president and executive director of Rush University Hospitals, who passed away last August. Clapp also was chair of the Diversity Leadership Council, which sponsors diversity week. The award honors members of the Rush community who have made important contributions to furthering Rush’s progress toward its mission of enhancing excellence in patient care, education, research and community service for the diverse communities of the Chicago area.

Adams humbly accepted the award, crediting his staff and the leaders at Rush for the success that the SAME program and other initiatives have had. “There is a special place in my house for this award,” he said.



Left to right: Clapp award nominee Reginald McKinnie, department manager, administration on-call; Clapp award nominee Carlos Olvera, manager, Interpreter Services; Clapp award winner Reginald Adams, director, community affairs; and Clapp award nominee Paul Kent, MD, associate director, physicianship program, assistant professor of pediatrics and medical director, sarcoma program.

### DIVERSITY WEEK HIGHLIGHTS

The events during diversity week at Rush are designed to encourage a culture of inclusion where people try to understand each other’s unique experiences, values, skills and backgrounds instead of judging them. The following are a few of the highlights from this year’s diversity week events.

- “The Bobby Train” honored J. Robert Clapp, Jr. by reproducing his trip to work at Rush on the Chicago Transit Authority’s Pink Line and surrounding it with facts about the communities along the way.
- During “Breaking Down Veteran Stereotypes,” senior leaders at Rush who are military veterans dispelled rumors and stereotypes that could be barriers to veterans’ successful employment. “It was quite revealing as to what our military people go through and what they have to look forward to when they come back to civilian

life,” says Paula Brown. “It’s not an easy transition.”

- A program about mental health charged attendees with being conscious of their own mental health and looking for signs of stress in their family members and coworkers. An Employee Assistance Program representative explained how the program can provide support and encouraged listeners to seek help for themselves or others before they become overwhelmed with stress.

Periodically throughout the year, the Diversity Leadership Group sponsors Meet and Greet luncheons where speakers present topics that challenge attendees to broaden their definition of diversity and understanding of diversity-related issues.

Visit [LEAP Online](#) to register for upcoming sessions on May 16 from 4 to 5 p.m. and June 20 from 11:30 a.m. to 12:30 p.m.



## IMPROVING THE PATIENT EXPERIENCE

### Rush Reaches New Highs for Room Cleanliness, Courtesy of Food Service Staff

Taking care of patients includes more than the outstanding clinical care Rush provides. Each person who works at the Medical Center has a role to play in making certain that Rush’s patients also have a positive experience while at the Medical Center.

The staff of Environmental Services and the Department of Food and Nutrition Services, for example, have extensive interactions with patients and a big impact on each patient’s experience at Rush. In recent years, both departments have achieved significant improvement in patient satisfaction scores in key areas.

#### A Clean Environment

Last September, 81 percent of Rush patients reported that their room always is clean in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), the federal government’s survey of patients’ overall perspectives of hospital care. That result was the highest score Rush ever has received on this question, and a big improvement from the score of 62.2 at the end of 2010.

That increase followed a performance improvement project that Environmental Services (EVS) management began in 2011.

“We reviewed our infrastructure and focused on what our employees need to do a great job,” says Alicia Smith, associate vice president, hospital operations.

After the review showed that the supplies the EVS staff needed weren’t always immediately available, the department took steps to fix the situation, such as improving coordination with linen services to make sure bed linens always were readily at hand.

In addition, EVS added a patient experience manager, who visits all new patients within 24 hours of their admission to the hospital and rounds on inpatient units in order to identify



Aziza Elshareif delivers a meal to Rush patient Margarita Rivera.

problems. The patient experience manager then notifies EVS supervisors and obtains an immediate response from the team to make sure the issue is resolved.

“It’s my goal to make sure each patient who is admitted to Rush receives exceptional service from our department,” says Sarah Skwirut, the patient experience

*continued on page 2*



# RESOURCE CENTERS AND MEDITATION ROOM ENHANCE CARE AT RUSH

## FINDING INFORMATION, GUIDANCE, CONNECTIONS

The Rush resource centers are places where patients, their families and members of the community can obtain information, referrals and support. The centers offer brochures, health education materials and computer stations, all of which are available to visitors.

Social workers are available by appointment to provide patients with information about Rush services and resources in the community that are specific to their needs.

Anne Millheiser, MSW, LCSW, resource centers coordinator says, "We're trying to address

psychological and social factors that impede wellness and to provide patients with access to wellness and disease-specific information using the latest literature and technology. The resource centers are also committed to ensuring that patients understand the roles of their health care team."

The aim of the resource centers is to empower patients to take more active roles in their health care. "By providing ways for visitors to educate themselves about medical conditions and treatment options, they can take steps that will improve their health," says Robyn Golden, LCSW, director of

Health and Aging, who oversaw the creation of the resource centers along with Millheiser. The centers are open Monday through Friday from 9 a.m. to 5 p.m. For questions or more information about the resource centers, please contact (312) 947-0469.

**Locations**  
**Anne Byron Waud Resource Center for Health and Aging**  
Johnston R. Bowman Health Center  
Fourth floor, Suite 438  
**Tower Resource Center**  
Fourth floor, Suite 04527



The Tower Resource Center

## RUSH MEDITATION ROOM: A REFUGE FOR THE SPIRIT

Rush's new meditation room, which opened in February in the Atrium Building fourth floor lobby, provides a quiet place of refuge for the spirit. Centrally located and accessible to people with disabilities, it is open 24 hours a day. Warm and welcoming to people of all spiritual traditions and of no tradition, the meditation room reflects a design of natural botanical themes and is surprisingly quiet for its location in the middle of the busy Atrium lobby.

"Anyone can step in to take a quick, deep breath to refresh their spirit, or to spend time in a longer experience of contemplation and centering silence," explains Rev. Clayton L. Thomason, JD, MDiv, the Bishop Anderson Professor of Religion and

Ethics in Medicine and chairperson of the Department of Religion, Health and Human Values. "In creating this space, we seek to recognize the spiritual diversity of our Rush community." According to Thomason, the main purpose of the meditation room is to provide an inclusive and accessible sacred space of refuge and respite for all, including patients, family members, visitors and staff. "In the meditation room, people can reflect, meditate or pray as their own spirit moves them," Thomason says. Because the meditation room is a public space to be shared by all, people visiting it are asked to refrain from eating, drinking or using cell phones while they are there.

In addition to the meditation room, Taylor Memorial Chapel on the first floor of the Kellogg Building will continue to be open 24 hours a day for prayer and traditional worship. The chapel provides ecumenical, Catholic and Episcopal services, as well as Bible study, memorial services and gospel choir rehearsals. The Jaffee Family Garden and the adjacent patient and family quiet area on 4 Tower, as well as the employee garden on 9 Tower, are other spaces available for respite and renewal. Regular events in the mediation room will be announced and inquiries for use by groups are welcome. For further information, please contact the Department of Religion, Health and Human Values at ext. 2-5571.



Staff chaplain Zac M. Willette, MDiv, Department of Emergency Medicine, selects a stone to carry into the new meditation room. The approximately 70 people who attended the room's dedication event were invited to select a stone as part of the solemn silent procession that officially opened the event. Each person held the stone and imbued her or his own blessings, hopes and prayers into it, then placed it inside a glass vessel that has since been sealed and will remain on permanent display in the meditation room.

## NEWSrounds

April 2013

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## IMPROVING THE PATIENT EXPERIENCE

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manager. "Every day I meet with patients to gauge their level of satisfaction, to uncover special needs and to resolve any potential issues. If the patient has a concern, I communicate with the appropriate resources in a timely manner and follow up to make sure the issue is resolved."

The department also stressed accountability to the EVS staff, communicating with them about the importance of HCAHPS during staff meetings and posting weekly scores by units within the hospital to promote healthy competition among the staff working in those areas. In addition, staff members' individual assessments included the HCAHPS scores. "When they gained a better understanding of their role and how they contributed to the process, they bought into it. They had a sense of pride and were motivated," Smith says.

The results were immediate. The cleanliness score jumped from 62.2 at the end of 2011 to 69.4 by the end of March 2012 and has continued upward since then.

"Patient experience is a driving force in patients' decision about where they'll receive their care. It's imperative that the areas that patients can judge, like the cleanliness of the place, whether the linen is clean, the temperature, are optimal," Smith says. "They're more comfortable and at ease in a cleaner environment, and they trust that while they

receive their medical care, they're in a supportive environment that cares about their overall healing experience."

"What our patients' think also influences whether other people choose Rush for their care, because this information is publicly reported," Smith adds. "Anyone can go to Medicare's Hospital Compare website and see what patients say about their hospital, including how clean it is."

In addition to being important as an indicator of patients' comfort and happiness with their care while they're at Rush, the HCAHPS scores also influence the rate at which the U.S. government reimburses Rush for services provided through Medicare, the federally-funded health insurance program for Americans 65 and older and people with disabilities. "Performing well on HCAHPS can make a meaningful financial difference to Rush, because the government will adjust the amount it reimburses us up or down depending on how well Rush performs," says Richa Gupta, associate vice president, Quality Improvement.

**Courtesy and Comfort**  
The patient food service assistants (PFSAs) who bring patients their food trays have some of the most extensive contact with patients of any employees in the Medical Center. They serve patients three meals and up to three snacks a day, delivering a total of about 550 food trays each time.

"They're our contact. They're who the patient identifies with when they think about their meals," says Mary Gregoire, PhD, RD, director of food and nutrition services.

In December of last year, the average score for the courtesy of the PFSAs reached an all-time high of 90.9 on a survey conducted for Rush by Press Ganey, a health care research company. By comparison, the score at the end of 2011 was 87.6.

To improve the scores, the department conducted intense customer service training for the staff. "We talked about the guest and how we treat the guest. As part of that we did a lot of scripting — here's what you say when you come in, here's how you can personalize your interaction yet keep things moving," Gregoire says. "It was done to better educate our staff in what their role was and what they could do to achieve excellence."

The department also addresses issues in daily meetings between the PFSAs and their supervisors. "If there's a special situation they don't know how to deal with, we'll talk about it as a group," Gregoire says. "It's not just coming from us down the chain; it's as much the staff hearing from each other what works well."

"I've learned that you need to keep your composure. We need to treat patients with kindness at all

times, even if they're unhappy about something," says Aziza Elshareif, patient food service assistant. "I try to always be happy and smiling. It can be depressing to be in the hospital, and if I can walk in with a cheerful demeanor, it may pass on to the patient."

The department posts the scores in staff areas so the PFSAs can see how they're doing. Whenever a unit receives a score of 90 for three months in a row, Gregoire sends a thank-you note and a meal coupon to the homes of the PFSAs working on that unit — she mails it to the home so the employees' family will know about the recognition. In addition, the department holds an employee recognition luncheon twice a year.

"I think all employees want to do a good job, and when you can call attention to what went well, it gives them reinforcement and pride in what they're doing well," Gregoire says.

Like Smith, Gregoire sees the work the front-line support does as being crucial to a positive patient experience. "When you're in the hospital, food is one of the few things that is familiar and can provide comfort," she says. "Our goal is to make that meal a pleasant and comforting moment — a little respite during the day."



Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.



# RUSH CONDUCTS FIRST WORLDWIDE STUDY OF NEW BRAIN CANCER DRUG

Malignant astrocytomas, a type of brain tumor, are one of the deadliest and most dreaded forms of cancer. Researchers at Rush have begun a clinical trial of an innovative and promising new treatment that attacks malignant astrocytomas while not harming nearby healthy tissue. Rush is the only place in the world offering the new drug as a treatment for these brain tumors.

About 30,000 new malignant astrocytomas are diagnosed each year. They are difficult to treat partly because the cells that make up malignant astrocytomas respond differently to treatments. They therefore require a combination of measures that include radiation therapy, radiosurgery, corticosteroids, antiangiogenic therapy and chemotherapy.

The study, which began last November, is testing the effectiveness of a specific molecule

named AXL1717. A novel type of molecule known as an insulin like growth factor, Type 1 receptor inhibitor, it interferes with the ability of the cells in astrocytomas to multiply and divide, setting off a chain reaction that causes the tumor cells to die.

As the same time, this molecule leaves healthy cells unharmed. “It has an effect on noncancerous cells, but it is minimal. With this drug, we may be able to destroy cancer cells selectively without damaging other brain cells,” says Robert Aiken, MD, associate professor of neurology, the principal investigator of the study. Aiken is also the director of The Coleman Foundation Comprehensive Brain Tumor Center and the Section of Neuro-oncology at Rush.

Aiken hopes to recruit 30 participants for the study. To qualify, a patient must be over the age of 18, already have been treated



Neuro-oncologist Robert Aiken, MD, and Suzanne Matney, RN, research nurse, neurology, confer about a brain cancer patient's case.

unsuccessfully with one or more therapies for malignant astrocytomas and have an expected survival of at least three months. Participants will receive a free supply of AXL1717, which comes in liquid form and is taken orally twice a day. Aiken will see the patients

weekly and will evaluate their condition with blood tests and periodic imaging.

“This treatment is a significant departure from the standard method for treating malignant astrocytomas. We hope that we can take advantage of some

unique properties of this drug and some weaknesses of cancer cells to extend patients’ survival,” Aiken says.

To learn more about the study, please contact Suzanne Matney, RN, research nurse, at [Suzanne\\_Matney@rush.edu](mailto:Suzanne_Matney@rush.edu) or at (312) 942-2388.

## RUSH TESTING NEW TREATMENT TO RESTORE KNEE CARTILAGE



Brian Cole, MD, MBA, prepares a dosage of the stem cells in the drug Cartistem prior to performing surgery to apply it to a patient's knee.

Researchers at Rush are doing the first clinical study in the U.S. of an innovative stem cell drug treatment to repair knee cartilage that has been damaged by aging, trauma or degenerative diseases such as osteoarthritis.

“Rush is spearheading this research with the ultimate goal of safely improving outcomes and sparing patients from having more complicated or activity-limiting surgery at a relatively young age,” says principal study investigator Brian Cole, MD, MBA, a professor in the departments of orthopedics and anatomy and cell biology. Cole also is head of the Cartilage Restoration Center at Rush and is the head team physician for the Chicago Bulls.

The drug being studied, named Cartistem, is manufactured from special stem cells, derived from donors’ umbilical cord blood, which are able to change into multiple cell types. Umbilical cord blood is a readily accessible source of high-quality stem cells, and its use has minimal health

risks and few ethical concerns, because the blood is obtained after childbirth. Cartistem is manufactured by Medipost, Inc., a South Korean biotechnology company, which is sponsoring the Rush study.

Cartilage does not contain blood vessels or nerves, and therefore it has a limited ability to heal once injured. The stem cells in Cartistem provide growth factors that stimulate improved cartilage repair. In addition, stem cells have potent anti-inflammatory properties which may improve the quality of the repair cartilage.

“We fill those little holes and the entire defect with Cartistem, which adds donor stem cells and hyaluronic acid, a building block in cartilage, to further stimulate the repair process,” Cole explains.

“There’s a very small number (of these special stem cells) in our body,” he continues. “With this technique, we’re adding 7.5 million stem cells to the knee, increasing the number of stem cells there exponentially. It’s harnessing

what’s already happening in the body and supercharging it.

“It is important to understand that this technology is only for patients with localized cartilage damage rather than true osteoarthritis with bone on bone changes,” Cole adds.

The two-year study will enroll 12 participants, who will receive regular physical exams, MRIs and X-rays and be observed over a one-year period after Cartistem is applied to determine the drug’s safety and effectiveness. Participants will then go in for an additional follow-up evaluation after two years.

“We have a large number of patients who have pre-arthritis conditions that involve a relatively localized area of cartilage loss in the knee, and we don’t currently have cost-effective, minimally invasive treatment options for them that produce predictable results,” Cole says. “Cartistem treatment is possibly more effective than anything else we’re using.”

For information about the Cartistem trial, please call Mukesh Ahuja, MBBS, research administrator, at (312) 563-2214.

## Rush Springs into Action AT HEALTH FAIR

Rush’s ninth annual community health fair, “Spring Into Motion and Fitness Health Fair,” took place on Feb. 9 at Benito Juarez Community Academy, a high school in the Pilsen neighborhood. This year, Rush partnered with the Chicago Bulls to host the event, which helps to provide better access to health care for underserved communities across Chicago.

More than 300 Rush volunteers, including students, faculty and staff, were on hand to help provide clinical services, such as blood glucose testing, blood pressure measurement, nutrition counseling, physical exams and other health screenings. Some 211 people were triaged, while 120 individuals received physical exams.

Other volunteers assisted fitness instructors with an aerobics marathon, yoga and relaxation sessions, dance demonstrations and kickboxing. Students taught families how to choose healthy snacks like ants on a log (celery sticks with peanut butter and raisins), cut-up vegetables with hummus, string cheese or fruit.

Former Chicago Bulls player Bob Love stopped by and met with people from the community, while team cheerleaders the Luvabulls cheered on exercise participants. The Bulls’ Big Ben mascot, Benny the Bull’s sidekick, was also there to entertain children.

“The fair was incredible,” says Sharon Gates, senior director, Multicultural Affairs and Community Service, Rush University. “Given the Affordable Care Act’s emphasis on reducing the incidence of disease, our goal was to raise awareness to the importance of wellness and prevention. I think we did just that.”

A Rush volunteer examines a young boy's eyes during the Spring into Motion and Fitness Health Fair.





# News Briefs

COMING MAY 6: THE EMPLOYEE ENGAGEMENT SURVEY. *Details to come.*

## COMMUNITY EVENTS

### AMERICAN HEART ASSOCIATION CLASSES

#### Armour Academic Center, Room 760

Rush University Medical Center has been designated a training center by the American Heart Association (AHA). Courses include the following:

- Cardiopulmonary resuscitation (CPR), automatic external defibrillator and first aid classes for the community
- Basic life support for health care providers
- Advanced cardiac life support
- Pediatric advanced life support

Courses are offered during the week as well as on weekends. For more information regarding course registration and related fees — or if you are an AHA instructor interested in affiliation with Rush — please call (312) 942-3556, Monday through Friday, from 8 a.m. to 4:30 p.m.



## MEDICAL STUDENTS GATHER FOR MATCH DAY

The Rush University Robert W. Sessions House swelled with excitement and anxiety on Friday, March 15, as fourth-year medical students packed its rooms, each waiting to receive an envelope that contained the name of the institution where they will be completing their medical residency for the next three to seven years. This monumental day in a medical student's life is preceded by interviewing at residency programs across the country. Students rank their top program choices, and the programs in turn rank their top student picks. "Matches" are made by the National Residency Matching Program and, as is tradition, are released simultaneously throughout the United



*Rush medical student Ryan Zaglama learns he'll complete his medical residency in anesthesia at Northwestern University.*

States to senior medical students awaiting the determination of their fate.

Across the country, about 17,500 graduating seniors participated in the Match Day rite of passage. A

map on the Rush Alumni Relations website at <http://rmc.rushalumni.org/match> shows the 67 institutions in 26 states where Rush's graduating seniors will be going for their residencies.

## Kudos

**Brent Estes**, president and CEO of Rush Health and senior vice president, Business and Network Development, was elected to serve a one-year term on the formation board for Land of Lincoln Health, Inc. Once licensed, Land of Lincoln Health will be Illinois' first and only consumer operated and oriented health insurance plan.

**George Fitchett, DMin, PhD**, professor, director of research, Department of Religion, Health and Human Values, gave the 11th Annual David B. Larson Memorial Lecture at Duke University Hospital on March 7. His topic was developing an evidence-based approach to spiritual screening and spiritual assessment.

**Steven L. Lewis, MD**, associate chairperson of the Department of Neurological Sciences, has been appointed editor in chief of *Continuum: Lifelong Learning in*

*Neurology*, the continuing education journal of the American Association of Neurology. Previously associate editor of the journal, Lewis began his six-year term as editor in chief on Jan. 1.

**Allison Weathers, MD**, associate chief medical information officer and assistant professor in the Department of Neurological Sciences, recently was selected for

the American Academy of Neurology's inaugural Emerging Leaders Forum. Weathers was one of 14 people selected for this prestigious program.

**JoEllen Wilbur, PhD, APN**, professor and associate dean for research at Rush University College of Nursing, has been named to the Sigma Theta Tau International (STTI) Nurse Researcher Hall of Fame. The International Nurse Researcher Hall of Fame recognizes STTI members who are nurse researchers; who have achieved significant and sustained broad national and/or international recognition for their work; and whose research has impacted the profession and the people it serves. The 2013 award presentation will take place July 25 in Prague, Czech Republic, during STTI's 24th International Nursing Research Congress.

**Stephanie Yohannan, RN, MSN, MBA**, director of the transplant and general surgery unit on 9 North Atrium, was named the president of the Chicago chapter of the International Transplant Nursing Society.

**Rush Oak Park Hospital (ROPH)** is now one of 10 hospitals in Illinois to have earned New York University College of Nursing's Nurses Improving Care for Healthsystem (NICHE) designation. Through the NICHE program, ROPH's goal is to be recognized as a leader in holistic health care that's sensitive to the unique needs of older adults across the continuum of care.

## Appointments

Rush has appointed **Amir K. Jaffer, MD, MBA**, as senior vice chairperson, clinical affairs, assistant chief medical officer and professor in the Department of

Internal Medicine. Internationally recognized for his work in the fields of hospital medicine, perioperative medicine and anticoagulation, Jaffer comes to Rush from the University of Miami Miller School of Medicine, where he served as professor, division chief for hospital medicine, and vice chair for patient safety, quality and compliance.

Rush has appointed **Howard Kaufman, MD, FACS**, as chief of the Section of Surgical Oncology in the Department of General Surgery. Kaufman joined Rush in 2009 as a professor of general surgery, immunology and microbiology and internal medicine, and he was appointed the director of the Rush University Cancer Center. He has established an interdisciplinary melanoma program at Rush integrating expertise from general surgery, dermatology, radiation oncology, medical oncology, pathology, radiology, neurosurgery, head and neck surgery and thoracic surgery.

## Where to See Our Ads

TV ads are running every other week from March through the week of June 10. Good times to catch our ads are during morning news shows on the following networks: WBBM, WCIU, WFLD, WGN, WLS, WMAQ and Comcast. Our ads will also run on high profile primetime programs, including "Modern Family," "American Idol," "Chicago Fire" and the premiere and results episodes of "Dancing with the Stars." Online advertising will run during the same time period in support of the TV ads. In addition, the radio spot Larry Goodman, MD, Rush CEO, recorded two years ago on second opinions will also run for one week each month during the campaign.

Visit [www.rush.edu](http://www.rush.edu) to see the longer versions of each ad.

*Below: Michael J. Liptay, MD, chairperson, Department of Cardiovascular-Thoracic Surgery, appears in the lung cancer ad.*

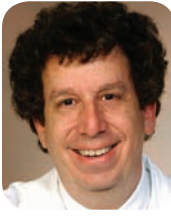


# People News

Rush has appointed **Ajay Nehra, MD**, as chairperson of the Department of Urology. Nehra joined Rush in April 2012 as vice chairperson and professor and director of Men's Health in the Department of Urology, after a distinguished career at the Mayo Clinic in Rochester, Minn. With research interests in men's health and erectile dysfunction (ED), male infertility, prostate cancer, he has been the principal investigator for seven clinical multicenter studies on the efficacy and safety of a number of investigational treatments for ED. He is also a co-investigator in a National Institutes of Health project on aging.

Rush has appointed **Bruce Orkin, MD**, as vice chairperson, academic affairs, and section chief of colorectal surgery in the Department of General Surgery. Most recently,

Orkin was chief of the colon and rectal surgery division and vice chair for academic affairs in the Department of Surgery at Tufts Medical Center and the Floating Hospital for Children in Boston. He has an extensive academic and clinical background in general surgery, as well as robotic and laparoscopic colorectal surgery, and he is certified by the American Board of Surgery and the American Board of Colon and Rectal Surgery.





# Founders Day 2013

To hear interviews with this year's Founders Day award recipients, please visit <http://rushinperson.rush.edu> or scan the QR code here.



## Employee of the Year

### CREATING A WELCOMING ENVIRONMENT FOR GUESTS

**Honoree:** Patricia Harris, guest relations associate, Hospital Guest Relations Department

**Years with Rush:** 3

How do you welcome people to Rush? "The same as if somebody was coming to my house as a guest. I would greet them and make them feel like they're welcome."

Guest relations associate Patricia Harris is stationed at one of the busiest intersections on the Rush campus — the information desk by elevator II on the fourth floor of the Professional Building. Harris is often out in front of her desk helping the many people who walk through Rush's hallways, from patients and visitors to students, staff and volunteers. She greets them all in a welcoming, caring way and helps them to reach their destinations quickly. Her efforts contribute to



making the patient experience a warm and welcoming one at Rush.

Harris simply has a knack for reading a situation. In one example, she recognized that the grandmother of a 10-year-old patient, who made frequent trips to the Medical Center, was particularly stressed. Harris took the woman's hand, introduced herself and engaged her in

conversation. Within a few minutes, the grandmother was laughing and commenting about how nice people at Rush are. Harris is more than just a greeter and someone who helps with directions, she connects with people and provides them with personal attention.

Hear more of Harris' story at <http://rushinperson.rush.edu>.

## Wayne M. Lerner Manager of the Year

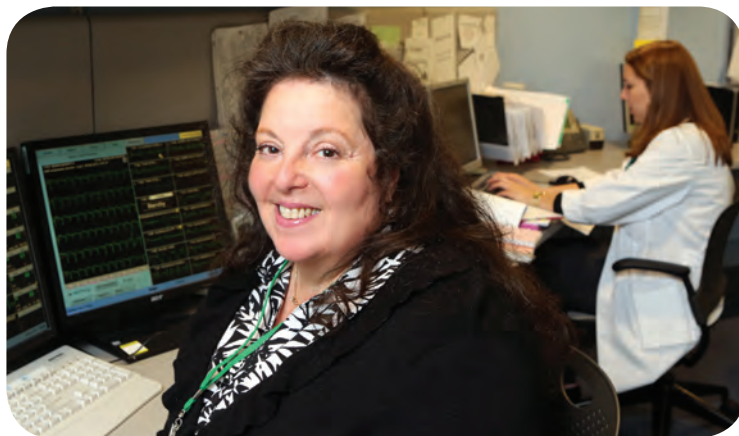
### THE ART OF EARNING PATIENTS' AND EMPLOYEES' TRUST

**Honoree:** Gia Crisanti, RN, MSN, then director, cardiac intensive care unit, and currently interim director, medical intensive care unit

**Years with Rush:** 30

What's your No. 1 priority as a manager? "My job is to provide an environment for our staff to give the best care to our patients."

Previously as the unit director of the cardiac intensive care unit (CICU) and now as the interim unit director of the medical intensive care unit, Gia Crisanti often asks, "How can we do this in a way that is best for everyone involved?" It's this devotion to not settling for the status quo that makes Crisanti



a remarkable manager — one who is in touch with her staff and CICU patients.

It's not just Crisanti's approach to patient care that makes her such a great leader. She treats her staff as equals, creating a more cohesive work environment. Employees

describe her as incredibly thoughtful in everything she does. She's able to get everyone to bring their unique perspective in discussions on how to improve the unit. Crisanti brings out the best in people.

Hear more of Crisanti's story at <http://rushinperson.rush.edu>.

## Alice B. Sachs Memorial Award

### ARRANGING MEDICAL CARE FOR PATIENTS ACROSS THE GLOBE



**Honoree:** Nazmy Hamad, manager, International Health Services

**Years with Rush:** 6

What motivates you to travel so far and spend so much time away from home to help international patients come to Rush? "I was born in Gaza, where a lot of people die from not having access to health services. It drives me to promote Rush to people that really need Rush's help."

Nazmy Hamad literally goes the extra distance to help Rush patients. Working with doctors and health officials in Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates, Hamad identifies and meets with severely ill patients who can benefit from the medical expertise available at Rush. Once a patient decides to travel here for medical care, Hamad coordinates every aspect of their trip, which includes stays in the hospital that typically range from six to 12 weeks.

These families come to know and trust Hamad as a friend who is available 24/7 to meet any need they have. For example, he developed a bond with a pediatric patient who has been traveling to Rush for care for several years. Recently, he stayed late after work to wait with the girl's family as she underwent a complicated heart surgery. Though the girl was groggy during the days after the successful surgery, she brightened whenever she saw Hamad.

The Alice Sachs Award was established in 1982 by Dr. and Mrs. John M. Sachs in honor of Dr. Sachs' mother, a former Rush patient. The award is presented annually in recognition of a Rush employee who regularly and consistently delivers acts of kindness to our patients and their families.

Hear more of Hamad's story at <http://rushinperson.rush.edu>.

## Bradley G. Hinrichs Team of the Year

### IMPROVING PATIENTS' BLOOD SUGAR LEVELS

**Honoree:** GlucoseStabilizer Implementation Team

For the last 10 years, Rush has been focusing on controlling the glucose (blood sugar) levels of patients who were in the critical care units. Achieving the proper levels can be challenging, which is why the GlucoseStabilizer Implementation Team was formed. They implemented a computerized insulin infusion program, resulting in fewer cases of hypoglycemia and patients reaching their glucose level targets faster — all with no operator errors.

The national average for how long it takes to get a patient to their

target glucose range is six hours. Because of this team's work, the new system averages only three hours. This team not only managed to come up with a safer, more successful way of controlling a patient's blood sugar, the team also educated nurses about the new program, created a policy and procedure guide and a nurse pocket card and quick tips. This team collaborated in the true spirit of the I CARE values at Rush, which resulted in improved patient safety.

Hear more about the team's story at <http://rushinperson.rush.edu>.

*Back row, left to right: Carol Squires, PMP, Information Systems (IS) project leader, IS clinical systems; David Baldwin, MD, director, Section of Endocrinology; Marsha Mulbarger, RN, MS, associate vice president, clinical nursing operations. Front row, left to right: Elizabeth Day, RN, MSN, CCNS, CCRN, RN III, cardiac intensive care unit (CICU); Melissa Browning, DNP, APRN, CCNS, critical care clinical nurse specialist, surgical intensive care unit (SICU); and Ann Lough, MSN, RN, CNML, unit director, SICU. Not pictured: Kathryn Killeen, RN, CNS, clinical nurse specialist, CICU; Stacey Harvey, MSN, RN, CCRN-CSC, assistant unit director, neuroscience intensive care unit; Amy Mozina, RN, order set project leader, Information Services (IS) clinical systems; and Susie Duroe, RN, order set project analyst, IS.*





James A. Campbell Award

HELPING PREVENT EMPLOYEE INJURIES

**Honoree:** Diane Genaze, director, physical therapy

**Years with Rush:** 36

What makes Rush a special place to work? “There’s a culture here that’s different. There’s a collaborative emphasis that is strong and that sends a message.”

Genaze wanted to be a physical therapist ever since she was in junior high school, and while most of her time is spent on administrative duties, she still relishes working with patients. “I love to lend a hand to make sure they’re getting the best care they can,” she says.

Genaze led a team that worked with the Medical Center Engineering Department to decrease injuries due to poor body posture and movement. No injuries have occurred in the past year and a half as a result, and Genaze’s team is now working to help the Department of Food and



Nutrition staff members improve their body mechanics.

Named for the first president and CEO of Rush, the award recognizes Rush employees for excellence in leadership and dedicated service. The award is particularly meaningful to Genaze, because she was hired to work at Rush by the first Campbell Award recipient, Eleanor Stupka Heininger.

Hear more of Genaze’s story at <http://rushinperson.rush.edu>.

Patient Satisfaction Star of Stars

RESTORING PATIENTS’ HEARING

**Honoree:** Keri Kwarta, AuD, CCC-A, audiologist, Department of Communicative Disorders and Sciences

**Years at Rush:** 10

How do you approach patient care? “I treat my patients like they’re my friends. I don’t want to leave anything out when going over their care.”

As an audiologist, Keri Kwarta evaluates and treats hearing and vestibular disorders. The vestibular system includes the parts of the inner ear and brain that process the sensory information involved with controlling balance and eye movements. Treatment options include dispensing and fitting of hearing aids, cochlear implant mapping and counseling patients and their families regarding the impact of hearing loss.



This past year, 19 exceptional clinical and nonclinical Rush employees received the Patient Satisfaction Star Award, which is given to individuals whom patients distinguish through letters or comments in patient satisfaction surveys. From this group of winners, a Star of Stars is chosen — someone whose service demonstrates what it means to anticipate patients’ needs and proactively respond to them.

Hear more of Kwarta’s story at <http://rushinperson.rush.edu>.

Henry P. Russe, MD, Humanitarian Award

CLINIC FOR HOMELESS MEN SAVED BY STUDENT



**Honoree:** Jennifer Wicks, MD, resident, pediatrics

**Years with Rush:** 6

How has Rush supported your humanitarian work? “Any time I had any ideas for an event or group that I wanted to see on campus, there has been the staff available, the funding available and more than anything, the students who are able to get it off the ground.”

Jennifer Wicks, MD, volunteered at a community health clinic based in a shelter for homeless men on Chicago’s South Side while she was attending Rush Medical College. When she learned the clinic was going to be shut down, she arranged for it to be relocated to a church. This accomplishment is but one of the many contributions Wicks has made while at Rush.

During her tenure as a medical student, Wicks founded the Rush chapter of Colleges Against Cancer, which works with the American Cancer Society to conduct smoking cessation sessions and fundraising. She also founded a refugee transition program that works with refugees in Chicago’s North Side neighborhoods to teach them healthy habits. In addition, she has traveled to Haiti with Rush physicians and nurses as part of service missions.

The Henry P. Russe, MD, Humanitarian award honors the memory and humanitarian efforts of its namesake — the dean of Rush Medical College and vice president of medical affairs from 1981 to his death in 1991 — and is given to members of the Rush staff who demonstrate an ongoing commitment to the well-being of others in their work.

Hear more about Wicks’ story at <http://rushinperson.rush.edu>.

Milestone Anniversary

50 years AT RUSH

MEDICAL TECHNOLOGIST HAS SEEN 50 YEARS OF ADVANCES

**Honoree:** Jeanne Ball, medical technologist, microbiology laboratory

**Years with Rush:** 50

What has your 50 years at Rush meant to you? “I’m very proud to work at Rush. I have great respect for the Medical Center. We’ve done some great things here.”

Jeanne Ball has been working in Rush’s microbiology laboratory since 1963. During her tenure, she has seen advances in lab testing, from the implementation of computers to the recent advent of molecular testing, which identifies molecular and genetic indicators to determine the likelihood of a patient benefiting from a treatment or developing a disease.



“The time went very fast. I can’t believe it has been 50 years,” Ball says. “I’ve worked with some very nice, helpful people, and I’ve learned so much here.

It has been very enjoyable. I’ve been so lucky to have this profession.”

Hear more about Ball’s story at <http://rushinperson.rush.edu>.



# NEWSrounds

## RUSH CANCER CARE EXTENDS REACH COLLABORATIONS BRING RUSH EXPERTISE TO CHICAGO'S NORTH SIDE, WESTERN SUBURBS

In recent months, Rush's cancer care program has entered into collaborative agreements with DuPage Medical Group in the Western suburbs, Swedish Covenant Hospital on Chicago's far North side, and our affiliate institution, Rush-Copley Medical Center in Aurora. Rush has expanded the scope of its oncology program to make the outstanding cancer care the Medical Center provides more widely available throughout the greater Chicago area.

"The health care industry encourages collaboration and coordination between health care providers to share resources and provide the very best health care available," says James Mulshine, MD, interim director of the Rush University Cancer Center. "A collaborative, team-based approach to medicine can bring highly-specialized services to area physicians and patients who need them."

The cancer specialists at Rush have extensive experience with a broad range of cancers, including some types that physicians at community hospitals rarely see. Physicians at Rush also have access to advanced technology and treatment and research protocols not widely available at community hospitals.

Through these relationships, the specialized knowledge and capabilities of physicians at Rush are made available to patients at these hospitals.

### Treating Patients in DuPage County

In January, Rush opened a cancer program and chemotherapy infusion center in the DuPage Medical Group's (DMG) new medical office building, located near the intersection of I-88 and I-355 in west suburban Lisle. DMG is an independent physician group practice that includes more than 330 physicians who care for approximately 375,000 patients at 45 offices located across the Western suburbs.

Rush has sole ownership of the chemotherapy infusion center, which is being operated as an outpatient Rush facility. Patients are treated by chemotherapy-certified nurses, and the medications are prepared by Rush pharmacists who subspecialize in cancer treatments.

In addition, cancer specialists from Rush provide specialty care in the areas of hematology, breast cancer, lung cancer, melanoma, thoracic surgery, head and neck cancer, gynecologic oncology and brain tumors. The specialists from Rush also are working directly with

DMG physicians in face-to-face multi-disciplinary conferences.

### Guiding Care at Swedish Covenant

Late last year, Rush and Swedish Covenant Hospital entered into an agreement to collaborate on clinical care, research and academic programs. Located in Chicago's North Park neighborhood, Swedish Covenant Hospital is an independent, 323-bed nonprofit hospital that has been serving its surrounding community for more than 120 years.

Swedish Covenant patients will continue to receive care from their physician and at the hospital. Physicians and nurses at Swedish Covenant also will work with their counterparts at Rush to develop treatment guidelines and benchmark measures of care to improve quality and efficiency, according to Parameswaran Venugopal, MD, professor of medicine and associate director of the Division of Hematology, Oncology and Cell Therapy.

In addition, doctors from Swedish Covenant will meet regularly with cancer subspecialists at Rush to review specific patient cases to arrive at the best possible course of treatment. These meetings foster a more efficient, well-informed decision-making process to guide



Hematologist/Oncologists Parameswaran Venugopal, MD (left), and Melissa Larson, MD, confer about a patient. They are among the physicians at Rush who are seeing patients at DuPage Medical Group in Lisle.

patient treatment and outcomes. Patients at Swedish Covenant also will have the option of participating in Rush research trials of promising new cancer treatments.

### Conferring with Rush-Copley

Since March 2013, cancer specialists at Rush have been holding weekly collaborative teleconferences with their counterparts at Rush-Copley Medical Center, a member of the Rush System for Health. These teleconferences enable the physicians at Rush-Copley to consult with specialists about cases in as many as 11 different cancer subspecialties, according to Philip Bonomi, MD, professor of medicine and

director of the Division of Hematology, Oncology and Cell Therapy. The conferences include digestive, lung and hematologic (blood) cancers and are expected to expand in the future to include breast, brain, gynecologic, head and neck cancers.

High-definition screens and state-of-the-art equipment make it possible for all participants in the teleconferences to view a patient's pathology specimens, scans and other high-definition imaging while discussing details about the patient's medical history, current condition and prognosis along with treatment options.

For more information, go to [www.rush.edu](http://www.rush.edu) and type "cancer" in the search box.

## choose HEALTH OVER SMOKING

Mary Silver began smoking when she was 18 years old. She decided to quit in 1980 and stayed smoke free for almost 30 years, until her husband was diagnosed with a terminal illness in 2008. "It was such a terribly stressful time," she explains. "He enjoyed smoking cigars with his best buddy and his buddy's wife, so I joined in."

Four years later, Silver found a new reason to quit smoking again in the impending birth of her great-niece. "I didn't want the smell of smoke to affect my niece," she says. "It was my chance to make a clean break. I have too much to lose now, and I'm not going back."

Silver, senior buyer, purchasing, who's been with Rush since 1969, quit smoking cold turkey in September of last year. Although she quit on her own, she relied on Choose Health, Rush's employee wellness program, for continued support and coping techniques, including finding ways to deal

effectively with stressful situations without returning to smoking.

Her personal method of coping involves movement. "I walk a lot," Silver explains. "I remove myself from any situation that causes me to stress and worry too much about something."

According to the American Lung Association, cigarette smoking is the No. 1 cause of preventable disease and death worldwide, contributing to almost 400,000 deaths in America annually. It harms nearly every organ in the body, and it's the main cause of lung cancer and chronic obstructive pulmonary disease.

Silver can't emphasize enough how important Choose Health is for something as difficult as quitting smoking. "The program isn't just rhetoric about why smoking is bad for you and that you should quit," she says. "It approaches it from the human aspect — how to deal with stressful situations."

The "Courage to Quit" classes offered through Choose Health help participants to evaluate what triggers their desire to smoke. Katie Foulser, ND, MPH, Choose Health manager, says she encourages participants to think through their daily rituals, such as always having a cigarette after a busy, stressful day, and how to rethink those rituals to create new habits, without smoking.

"Giving up defeating self-talk, and thinking positively about one's ability to quit also is important," Foulser says. Also, time helps. "If you have a craving for a cigarette, wait 10 minutes and see how you feel."

Silver encourages other smokers to stop however possible. "You just need to make up your mind to do it and have a reason for doing it," she says. "Even if you do nothing but reduce the amount you smoke each day, it's a start."

Learn more at <http://inside.rush.edu>. Click on the Choose Health icon.



### Need to Quit?

- In-person smoking cessation classes begin at Rush in September. For more information, please contact ChooseHealth@rush.edu or at ext. 2-7479.
- Sign up for a free phone-based program through the Illinois Tobacco Quitline. Go to [www.quityes.org](http://www.quityes.org) or (866) QUIT-YES (866-784-8937).

Left: By not smoking over the past nine months, Mary Silver has saved almost \$360, which she plans to give to her great-niece.

## Take the First Step

### REGISTER FOR YOUR choose HEALTH SCREENING

July is the time for the annual choose HEALTH screening — your first step toward wellness and up to \$775 or more in cash reward and discounts.

Register online for your screening at [www.rush-health.com/screening](http://www.rush-health.com/screening). Use access code rush2013.

You must be enrolled in the Rush medical plan to participate.

Questions? Contact ChooseHealth@rush.edu.



What can  
choose HEALTH  
do for you?





# GENTLE TREATMENT

## NEW HEAD OF COLON AND RECTAL SURGERY PLANS TO EXPAND PROGRAM, ENHANCE PATIENT EXPERIENCE

In March, Bruce Orkin, MD, joined Rush as director of the Section of Colon and Rectal Surgery and vice chairperson for academic affairs in the Department of General Surgery. The section specializes in treating colorectal cancer, inflammatory bowel disease and physiologic disorders such as chronic constipation and incontinence.

Orkin comes to Rush from Tufts Medical Center in Boston, where he served as vice chairperson for academic affairs in the Department of Surgery and chief of the Division of Colon and Rectal Surgery at Tufts and the Floating Hospital for Children. He received his medical degree from the University of Minnesota in Minneapolis, completed a residency in general surgery and a fellowship in gastroenterologic research at the Mayo Clinic in Rochester, Minn., and completed a residency in colon and rectal surgery at the Cleveland Clinic.

Orkin talked with *NewsRounds* about his plans to expand the section's clinical and academic programs.

**NewsRounds:** What's your vision for the Section of Colon and Rectal Surgery?

**Orkin:** My vision is to make the section the best colorectal surgery program in the region. We've got a good start, and now it's time to

take it to the next level. That includes increasing regional and national visibility, clinical capabilities, service, access, responsiveness and connection to all of our referring physicians.

**NewsRounds:** How do you plan to increase clinical capabilities?

**Orkin:** We'll be bringing on additional staff. In addition to me, there are two surgeons here now — Marc Brand, MD, and Joanne Favuzza, DO — and we're planning on hiring a fourth. Part of the reason we want to bring on that fourth physician is we are pretty busy, and to be able to do the outreach, we need more capacity.

**NewsRounds:** Why are you so busy?

**Orkin:** There is a need for more colorectal surgery in the region because the population is aging. Cancer, diverticular disease (inflammation of pockets of the large intestine), even common things like hemorrhoids are more common as you get older. More than 50 percent of the U.S. population is going to develop a condition that will need the attention of a colorectal specialist.

**NewsRounds:** Are there specialized types of treatments you and the rest of your team provide?

**Orkin:** We place a big emphasis on minimally invasive approaches, including transanal endoscopic microsurgery (TEM) and robotic surgery.

TEM is a type of minimally invasive surgery used to remove large polyps and early cancers in the rectum, which is the lower part of the bowel. If you have to cut through the abdomen, it's a big operation. The patient is in the hospital for a week, and it's a six-week recovery period. But with TEM you can pass the surgical instruments and a scope through the anus and use them to remove the lesions. There's no incision, although the patient's still under general anesthesia, and there's little pain afterwards. It's about an hour to two-hour operation. It's an outpatient procedure, and the patient goes home the same day. The complication rate is very, very low, and there's very little change in bowel function. It's a vastly better experience for the patient.

The Medical Center already has two robotic surgery systems, but they weren't being used for colorectal procedures. We'll be doing a lot of them here, primarily for rectal cancer and rectal and pelvic prolapse. It has big advantages over laparoscopic surgery in the pelvis. The robotic arms act like small hands with six degrees of motion, just like wrists, and the visual system improves the view and depth of perception compared to laparoscopic cameras. These features allow us to work deep in the pelvis, where it is very difficult to operate with laparoscopic instruments.



Bruce Orkin, MD, talks with a patient.

In addition, I'm one of few colorectal surgeons in the country who performs pediatric colorectal surgery. Having a joint adult and pediatric colorectal surgery program at Rush makes treatment seamless, which is good for kids because they get expert care, and when they become adults they can transition to adult care far more easily.

**NewsRounds:** What about education? What are your plans there?

**Orkin:** As vice chairperson for academic affairs, which is a newly created position, I oversee all of the Department of General Surgery's educational programs, including residents, fellowship and continuing medical education. The department has a large and very good general surgery residency program, but it is primarily a clinical program. We're going to be increasing the educational component in terms of conferences, lectures, visiting professorships, curriculum and

subject matter. We're also going to get the residents more involved in the research, which will encourage many of them to go into academia, and encourage them to keep up with changes in medicine even if they go into private practice.

**NewsRounds:** Where do you want to see the colorectal surgery program be in the future?

**Orkin:** I want Rush to become known as *the* place to go for colorectal surgery, not just for patients in the Chicago area, but for those downstate, in Indiana and in Wisconsin. If you offer an organized, efficient, patient- and physician-friendly program, people will seek you out. We're building on what we have here at Rush to make our program that kind of a place — patient friendly, referring doctor friendly, easy in, easy out, comfortable, welcoming and reassuring, and state-of-the-art.

For more information, go to [www.rush.edu](http://www.rush.edu).

## NEWSrounds

July 2013

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Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

## WINNING TEAMS MENTORING GROUP EFFORTS PRODUCE INCREASED PATIENT SATISFACTION SCORES

Patient satisfaction is a group effort. While each of us have individual responsibilities that contribute to our patients having a positive experience while they're at Rush, in the end it only happens when we all work together.

To help our employees do their jobs well and reach their patient satisfaction goals, last year Rush created a peer mentoring group that brought together directors of both inpatient and outpatient units throughout the Medical Center. Meeting monthly, the group's 16 members listened to guest speakers; shared experiences, concerns and best practices; identified areas for improvement; and collaborated on projects to try to produce those improvements.

"We hoped we would learn a lot from each other and, by working with other managers, discover new ways to think about the patient experience and try new methods of increasing patient satisfaction," says Maggie Shreve, senior organizational development consultant, human resources, who organized the mentoring group.

### Light on Time

After meeting together for six months, the group members formed two- and three-person teams that each undertook a four-month performance improvement project. The teams presented their results at the end of February.

Jennifer Vince, RN, director of the acute care adult medicine unit, and Gia Crisanti, RN, MSN, at the time director of the cardiac intensive care

unit (now interim unit director, medical intensive care unit), collaborated on a project to improve response times to patient call lights on their areas. Both are inpatient units located in the Tower. The project took a multifaceted approach, incorporating the following strategies:

- Enlisting nurses on each shift to be cheerleaders for the project.
- Talking with patients and family members about call light response as part of Crisanti's and Vince's rounds on their units.
- Providing feedback to staff, including posting graphs monthly about response time data, and sharing the data and the scores from patient satisfaction surveys with each employee during mid-year review.
- Being a role model. "When I hear call lights go on, I will answer them to try to set the example that even though they're not my assigned patients, I'm a member of the team and I can answer the call," Vince says.
- Empowering unit clerks to help drive responses. "They can respond to the call light to find out what the patient needs and let the nurse know, or if the assigned nurse is too busy elsewhere to answer the call, they can find someone else to handle it," Crisanti says.

Both units saw noticeable improvement in their patient satisfaction scores for call light response. The acute care adult medicine unit's scores increased by 10.5 percentage points

for the period from the beginning of November through the end of May. The cardiac intensive care unit's scores improved by 3.6 percent during this time. (The scores were taken from the Hospital Consumer Assessment of Healthcare Providers and Systems, the federal government's survey of patients' overall perspectives of hospital care.)

### Keeping Them Posted

Another team set out to improve communications with patients about delays in appointments. For this project, Christine Provenzano, RN, clinical nurse manager of the Rush Craniofacial Center, worked with Anna Treinkman, NP, who co-manages the Rush Memory Clinic.

Both areas receive high ratings for their physicians, but had room to improve in the area of communicating with patients about delays in appointments — which result from heavy demand for services.

The clinics emphasized this communication in their weekly staff meetings. They added a white board in their waiting areas that provided the wait time for the next appointment and was updated every 15 minutes, and staff members checked in regularly with patients in the waiting area. When patients were kept waiting a long time, they were given a coupon that could be used for purchases in the Rush gift shop or cafeteria or for the parking garage.

As a result, the memory clinic saw improvement in their patient satisfaction scores for providing information



Jennifer Vince, RN (right), and Shequita Nminibapiel, RN, respond to a patient call light (above) in the acute care adult medicine unit.

about delays, from a mean score of 80 prior to the project to a mean score of 93 by the end of the effort. (The score was measured by a survey conducted for Rush by Press Ganey, a health care research company.)

Shreve is encouraged by the results of the mentoring group. "There's a benefit to Rush when you can bring people together in a community of practice and focus on the same subject," she says. "It helps them integrate the knowledge they need and really pay attention to the patient experience."

For more information about ways to improve patient satisfaction, please contact Maggie Shreve at (312) 942-2989 or [maggie\\_shreve@rush.edu](mailto:maggie_shreve@rush.edu).



# Employee Awards

Three times a year, Rush employees are recognized for going above and beyond the call of duty for patients, families, visitors and co-workers, and for exemplifying the I CARE values (innovation, collaboration, accountability, respect and excellence). The following are the recipients of Rush’s March employee awards.

## CLINICAL EMPLOYEE OF THE QUARTER

**Nicole Murphy, RN, CCRN, interim assistant director, surgical intensive care unit**

Even when she’s busy herself, Nicole Murphy maintains an awareness of the stress of those around her and offers to help her co-workers. Physicians and senior nurses commend Murphy for her ability to observe fine details and communicate clearly. One nurse described Murphy’s skill as a clinical leader and trainer by saying, “She not only led by example, but also provided opportunities to challenge my own thought process and knowledge. Instead of telling me what to do, she would ask me what I thought I should do in particular patient situations.”



## NON-CLINICAL EMPLOYEE OF THE QUARTER

**Lucille Jenkins, unit clerk, surgery**

Lucille Jenkins works with unit staff members of all kinds as well as patients and family to make sure everyone’s needs are met. At any given moment she might be helping a physician find a surgical consent form, helping the charge nurse with a bed assignment, assisting staff with equipment problems, or comforting family members in distress. One of her co-workers summarized Jenkins’ presence in the department, saying, “No matter how hectic things become, Lucille can keep the unit together.”



## MANAGER OF THE QUARTER

**Fred Brown, Jr. DNP, RN, unit director, orthopedics**

Since Fred Brown became the unit director in 2010, employee engagement in the orthopedics unit has improved dramatically. In a 2012 survey of unit employees, 78 percent of staff responded favorably when asked if their manager was open and responsive to staff nurse input — a big improvement on the results of a survey three years earlier. Kydie Schriver, assistant unit director, orthopedics, says Brown “encourages career growth by mentoring staff in advancing their education and leadership skills.”



## TEAM OF THE QUARTER

**GlucoseStabilizer Implementation Team**

Controlling patients’ glucose (blood sugar) levels is important to their outcomes and to decreasing the amount of time critically ill patients stay in the hospital. However, achieving this control without causing high or low blood sugar is a challenge. The GlucoseStabilizer Implementation Team implemented a computerized insulin infusion program that resulted in fewer cases of hypoglycemia (low blood sugar), patients reaching their glucose level targets faster and no operator errors.

“We’ve seen great outcomes for our patients,” says team member Melissa Browning, DNP, APRN, CCNS, critical care clinical nurse specialist, surgical intensive care unit. “We went from more than 100 episodes of hypoglycemia in a three-month period to only two episodes of hypoglycemia in the first six months of use with the GlucoseStabilizer system. The national average for how long it takes to get a patient to his or her target glucose range is six hours. With this new system, the Rush average is only three hours, and there have not been any operator errors.”

*Back row left to right: Kathryn Killeen, RN, CNS, clinical nurse specialist, cardiac intensive care unit (CICU); Stacey Harvey, MSN, RN, CCRN-CSC, assistant unit director, neuroscience intensive care unit; Marsha Mulbarger, RN, MS, associate vice president, clinical nursing operations; Ann Lough, MSN, RN, CNML, unit director, surgical intensive care unit (SICU); Amy Mozina, RN, order set project leader, Information Services (IS) clinical systems; and Carol Squires, PMP, IS project leader, IS clinical systems. Front row left to right: Elizabeth Day, RN, MSN, CCNS, CCRN, RN III, CICU; Melissa Browning, DNP, APRN, CCNS, critical care clinical nurse specialist, SICU; and Connie Weissman, IS senior analyst, IS. Not pictured: David Baldwin, MD, director, Section of Endocrinology; and Susie Duroe, RN, order set project analyst, IS.*



## SPRING

## CAROL STEGE AWARD

**Terrill Reynolds, specialist, Environmental Services**

The temporary re-opening of the medical/surgical units on 10 and 11 Kellogg would not have been as successful without Terrill Reynolds. He shampooed carpets, extracted hardwood floors and refinished upholstery to get the unit ready for patients. “On the day that the unit opened, Terrill rotated between the two floors and handled every unforeseen issue that came up,” says David Steinbach, associate director, Environmental Services. “Terrill also played a key role in the success of other projects underway throughout the Medical Center by switching between various assignments.”



**Phillip Tavoletti, journeyman, Medical Center Engineering**

While working on the snow team, which is responsible for snow removal on campus, Phillip Tavoletti and other team members helped implement changes to streamline the group’s effectiveness and maintain safe walkways for patients, visitors and employees. Mike Scaletta, mechanical services manager, Medical Center Engineering, says Tavoletti demonstrated thoughtful troubleshooting in another instance as well when responding to a routine call about room temperature in the emergency department. “He spotted frost and condensation on an electrical device in the room and acted quickly to fix it,” Scaletta said. “It prevented a freeze-up that would have caused problems with water lines, the sprinkler system and the heating system.”



## RUSH VALUES AWARD

**Peter Munro, LCSW, social worker, Rush Day Hospital**

“Peter tirelessly advocates for patients, always remaining empathetic and respectful of them,” says Cheryl Siegall, RN, PMHCNS-BC, unit director of the Rush Day Hospital, which provides a continuum of mental health treatment for mood and anxiety disorders, including partial hospitalization and intensive outpatient and group therapy. Munro is known for his ability to provide comfort to patients experiencing distress and pain. One of his admirable accomplishments is the design and implementation of a suicide risk safety plan for patients, allowing them to be assessed faster and obtain more services that can benefit them.



## PATIENT SATISFACTION “STAR”

Every quarter, an employee whose name appears in two or more favorable patient evaluations is awarded the patient satisfaction “star” award. The following are the five stars who were honored and what some of their patients had to say about them:

**Harriet Ryan, OTR/L, supervisor, occupational therapy**

“I come for treatment twice a week, and she is always smiling and concerned about my well-being.”

**Darnetta Young, patient access coordinator, outpatient registration**

“Darnetta was so delightful! I’m grateful for her help and positivity.”

**Laila Henderson, RN, nurse clinician 1, Women’s and Children’s Nursing**

“Laila made the IV process so easy for me, and I didn’t experience any pain.”

**Velma Wilson, operations manager, University Thoracic Surgeons**

“I would especially thank Velma for all she has done for me — scheduling hospital tests and appointments with doctors and everything in between. She is pleasant and makes everything perfect!”

**Leoncio Garcia, guest relations associate, Hospital Guest Relations**

“Leo was attentive and courteous to me and to every person that I saw him interact with. That goes a long way when people are under stress.”

*Left to right: Velma Wilson, Darnetta Young, Leoncio Garcia, Laila Henderson, RN, and Harriet Ryan, OTR/L, OTR/L.*



If you would like to nominate someone for an employee award, please call ext. 2-5916.



# News Briefs

## COMMUNITY PROGRAMS

### Atrial Fibrillation: Symptoms, Diagnosis and Treatment Options

Wednesday, July 24, 6 to 8 p.m.  
Armour Academic Center, Room 976

Arrhythmias (irregular heart rates) can be caused by a number of factors, including congenital heart problems, heart disease or other electric system dysfunctions in the heart. The most common type of arrhythmia is atrial fibrillation, a fast and irregular heart rhythm that can lead to blood clots, stroke and heart failure. Join experts at Rush at this free event to learn about the symptoms, diagnosis and treatment options for atrial fibrillation.

To register for this event or for more information, please call (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).

### Respiratory Health Association Asthma Management Class

Professional Building, Suite 117, allergy and immunology conference room

The Respiratory Health Association (RHA) asthma management classes are offered on the first Wednesday of each month and last approximately two hours. Classes are at 8 a.m. on even months (August, October, December) and 10 a.m. on odd months (September, November). Asthma management is a free, two-hour program that educates anyone who has asthma or caregivers of asthmatics. The program covers the following:

- Early warning signs of asthma
- Common asthma triggers
- How to handle an asthma emergency
- Proper asthma medication use and inhaler technique

Parking is available in the Rush parking garage on Harrison Street. There will be an \$8 fee for parking with stamped validation. Parking will be validated at the class. Because space is limited, registration is required. Please call Paige Adeli, RN, at (312) 466-9247 to register.

## GLUTEN-FREE DIETS AREN'T WORRY-FREE

At Rush, keeping people healthy includes helping Rush staff, employees, students and volunteers lead healthy lifestyles. As part of that effort, Jean Alves, MS, RD, LDN, a clinical dietitian at Rush, offers tips on healthy eating and activity.

Gluten-free diets have become increasingly popular thanks to celebrities promoting them. For example, Elisabeth Hasselbeck, co-host of the daytime talk show "The View," recently published a book, *The G-Free Diet: A Gluten-Free Survival Guide*, and a cookbook, *Deliciously G Free*, extolling the health benefits of the gluten free diet. However, you can enjoy some of these benefits without going gluten-free, and this diet also has drawbacks that you should keep in mind if you're considering it.

What exactly is a gluten-free diet? In short, it's a diet that eliminates all types of food containing gluten, a protein that's found in many grains, including wheat, rye and barley. Making this change either means replacing bread, pasta, and any other food items made from these grains with gluten-free versions (which use ingredients such as rice and corn instead), or eliminating them from your diet altogether.

This diet is the only treatment currently available for celiac disease, an autoimmune disorder primarily affecting the small intestine that

occurs in an estimated one in 133 Americans. If an individual with celiac disease consumes gluten, the small intestine is damaged, causing unpleasant gastrointestinal symptoms.

Hasselbeck was diagnosed with celiac disease, but she promotes the diet as a way to improve health for all people, even those without the disease. Some individuals with chronic diseases, including arthritis and irritable bowel disease, also report improvement of symptoms by going gluten-free, although there is limited scientific evidence to support the use of the diet.

But these dietary restrictions aren't advisable for everyone. Gluten is the main structural component of baked goods, and making the same foods gluten-free often results in an unpleasant texture. Usually, these products are made with extra fat and sugar to make up for the texture change, resulting in very high calorie contents.

Furthermore, gluten-free foods are less likely to be fortified with vitamins and minerals, especially B vitamins, than the same foods made with traditional grains. These products also usually are low in fiber, an element that's necessary in every diet to promote healthy diges-

tion. In addition, specialty gluten-free products are expensive, costing two to three times as much as their gluten-containing counterparts.

Some of the benefits of gluten-free eating can be incorporated into diets that include gluten. Switching to a gluten-free diet typically involves eating more fruits and vegetables and less processed grains. This change is a good idea anyway, since the U.S. Department of Agriculture recommends five servings of fruits and vegetables daily, and most of us don't get enough.

Gluten-free diets also eliminate refined flour, which is something that everyone should try to limit in their diet, along with food items that are high in processed sugars. While you don't have to be completely gluten free to enjoy the health benefits of these changes, it's fine to try naturally gluten-free grains, such as quinoa, rice, amaranth, corn and millet.

If you have any questions or would like to speak with a registered dietitian about how to eat more healthfully, please call the Rush Nutrition and Wellness Center at (312) 942-5926.



## People News

### Appointments

Rush has appointed **Michael Dandorh** as executive vice president



for Rush University Medical Center and executive director of Rush University Hospitals. Dandorh comes to Rush from the University of Pennsylvania Health System, where he served as senior vice president of strategy and business development. This position is responsible for administrative oversight of all clinical operations, including Rush University Medical Center's hospitals (the Tower and Atrium Building, Rush Children's Hospital, the Johnston R. Bowman Health Center and Rush Oak Park Hospital) and all hospital and physician ambulatory services.

**Steven Gitelis, MD**, has been appointed associate dean of surgical services, Rush Medical College, and associate chief medical officer for surgery. He is currently president-elect of the Rush Medical Staff, professor and vice chairman of the Department of Orthopedic Surgery and serves on multiple committees, including Rush's Medical Staff Executive Committee and Surgical Services Executive Committee. **Omar Lateef, DO**, has been appointed associate dean of medical services in the medical college and associate chief medical officer for medical services. He is the vice chairperson of the Department of Medicine. Lateef also is an associate professor in the Department of

Internal Medicine, Division of Pulmonary and Critical Care Medicine.

These new roles expand and enhance previous leadership positions in medical and surgical sciences and services, and add quality, patient safety and management responsibilities to the positions.

Rush has appointed **Michael J. Liptay, MD**, as chairperson of the Department



of Cardiovascular-Thoracic Surgery. Liptay came to Rush in 2006 to lead the Division of Thoracic Surgery and was promoted to professor in 2010 and later named to the Mary Denny Weaver Chair in Cancer Research in 2011. Liptay has been the program director of the thoracic surgery fellowship since 2010. He is a national leader in the development of minimally invasive thoracic surgery and an early adopter of video-assisted thoracoscopic surgery, which has revolutionized surgery of the chest.

### Kudos

**Susan Chubinskaya, PhD**, associate provost, Academic Affairs, Rush University, was accepted into the *Hedwig van Ameringen* Executive Leadership in Academic Medicine® Program at Drexel University College of Medicine in Philadelphia. This is the only program in North America dedicated to preparing women for senior leadership roles in academic health science institutions, where they enhance institutional leadership while

contributing to organizational strategy and innovation.

**Joshua Jacobs, MD**, chairman of the



Department of Orthopedic Surgery and William A. Hark, MD/Susanne G. Swift Professor of Orthopedic Surgery, became the 81st president of the American Academy of Orthopaedic Surgeons (AAOS) in March during the AAOS annual meeting in Chicago. Jacobs is a board-certified and practicing adult reconstructive orthopedic surgeon who specializes in total joint replacement. He has been a leading researcher on the biocompatibility, wear and corrosion of implanted joint prostheses, including the impact of metal-on-metal implants for joint replacement patients. The AAOS president is selected by peer physician members of the academy. With more than 36,000 members worldwide, AAOS is the pre-eminent provider of musculoskeletal education to orthopedic surgeons and others and engages in health policy and advocacy activities.

**Norma A. Melgoza, FACHE**, associate vice president, Hospital Operations, was awarded a full scholarship from the National Forum for Latino Healthcare Executives (NFLHE) to participate in the American College of Health Care Executives Executive Education Program. This three-part program prepares future health care executive leaders. The NFLHE strives to increase the representation of Latinos at the executive level of U.S. hospitals and

health systems and serves as a resource base of input from Latino executives in the areas of legislation, regulation and policy affecting communities across the country.

Rush has appointed **James Mulshine, MD**, as interim director of the Rush University Cancer Center. Mulshine steps in to the position as Howard Kaufman, MD, transitions to his new role as director of the Section of Surgical Oncology in the Department of General Surgery. Mulshine, associate provost for research in Rush University, is a renowned expert in lung cancer and in the past several years has focused his work on the early detection of lung cancer using imaging and other modalities. He spent 25 years at the National Cancer Institute, and has been at Rush since 2005.

Rush University College of Nursing doctoral student **Teresa Yambo, MSN, RN**, recently was named a



Bob Woodruff Foundation-Jonas Nursing Scholar. This award honors doctoral nursing students who have a research interest focused on veterans' health. She was selected for her research interest in creating early intervention strategies for military families with mental health issues.

Rush University Medical Center's **Fred Brown, DNP, RN**, director of the orthopedic surgery unit on 13 East Tower; **Regina McClenton, RN**, practice administrator, Pediatric Primary Care Center; **Marcia Murphy, DNP, ANP**,

assistant professor and adult nurse practitioner, Rush University College of Nursing; **Marilyn Wideman, DNP, RN-BC, FAAN**, associate provost for professional education and community engagement, Rush University, and associate vice president for community health care practice; **Benson Wright, RN**, Magnet program coordinator; and Rush Oak Park Hospital's **Jennifer Grenier**, unit director of telemetry/resource team, were named regional finalists for the 2013 Greater Chicago Nurse.com Nursing Excellence Award. They were honored at an award ceremony in June, where Murphy was the Chicagoland regional winner for her category. Rush had more finalists than any other health system in Chicago. Continuing Rush's legacy of nursing excellence, the candidates follow in the path of **Melissa Browning, DNP**, critical care nurse specialist, surgical intensive care unit, the 2012 national winner for clinical nursing, and other esteemed Rush nurses who have been nominated for the Nursing Excellence Award. Nurse.com is a website that provides news, continuing education and an online nurse community.

*Becker's Hospital Review* named **Rush University Medical Center** as one of 100 great hospitals in America as part of its annual list. Rush received this honor because it's proven to be an innovator for medical treatments, research, technology and delivery of care. *Becker's Hospital Review* is a monthly publication offering up-to-date business and legal news and analysis relating to hospitals and health systems.

To read more People News, please visit <http://inside.rush.edu>.



# NEWSrounds

## Moving Forward

### RUSH PARKINSON'S DISEASE RESEARCH PROGRAM ADVANCING ON ALL FRONTS

Since being diagnosed with Parkinson's disease nine years ago, Ken Reck has taken part in several clinical trials at Rush that studied how the illness works and new treatments for the disease. "I want to help make a difference and help get closer to a cure," says Reck, a 52-year-old retired toolmaker who lives in the Western suburbs. "It is my way of fighting back."

Reck is one of hundreds of patients who are helping Rush in the fight against Parkinson's disease. Rush has been a leader in Parkinson's disease treatment and research for more than 40 years, and the research program now is bigger and wider ranging than ever.

Part of the Department of Neurological Sciences, the program currently is conducting more than 20 studies, supported in part by funding from the Parkinson's Disease Foundation, the National Institutes of Health (NIH), the Michael J. Fox Foundation and gifts from Rush donors.

"Today, our experts are on the brink of multiple breakthroughs with the potential to crack the code of Parkinson's disease and pioneer the most effective treatments," says Christopher G. Goetz, MD, director

of the Rush Parkinson's Disease and Movement Disorders Program and the United Parkinson's Foundation Professor of Neurological Science.

#### A Big Team to Tackle a Big Problem

Parkinson's disease is a neurodegenerative disease that affects the body's ability to control movement. It is a chronic, gradually progressive disease with no known cure. The illness most often occurs when patients are in their 50s, although it can begin much earlier in life. Parkinson's disease causes stiffness, slowness of movement, balance problems and tremors and can lead to cognitive decline, depression and other health problems.

Rush has one of the world's longest established and largest teams of Parkinson's disease specialists, who are treating more than 2,000 patients. "Our clinical success is the result of highly productive research collaborations," Goetz says.

Along with Columbia University Medical Center in New York, the Rush program is one of only two in the country to be designated a Parkinson's Research Center by the Parkinson's Disease Foundation. The foundation provides the

Rush program with a grant of up to \$325,000 each year, which must be matched dollar for dollar by donors.

#### New Approaches

This funding and other financial support is making possible the wide scope of Rush's Parkinson's disease research program. The studies being conducted include both laboratory and clinical research examining the origins of Parkinson's disease and a range of treatments. The following studies are among the program's major initiatives:

- Jeffrey H. Kordower, PhD, is studying the use of a medication that helps prevent the accumulation of a toxic protein called alpha-synuclein, which is believed to play a role in the spread of Parkinson's disease. The protein accumulates in the brains of all people as they age. Kordower, director of the Research Center for Brain Repair and the Jean Schweppe-Armour Professor of Neurological Sciences, is testing the medication through animal research. He hopes to show that the medication will help to reduce the levels of alpha-synuclein and, in turn, the spread of Parkinson's disease.



*Deborah Hall, MD, PhD, confers with a participant in Hall's study of exercise therapy for Parkinson's disease patients.*

- Kordower also is collaborating with Memorial Sloan-Kettering Cancer Center in New York on a study of the use of embryonic stem cell transplants to treat Parkinson's disease. The research is funded by a portion of a \$13 million grant from the New York Stem Cell Institute.
- Kathleen M. Shannon, MD, professor of neurological sciences, is investigating whether Parkinson's disease may originate in the gastrointestinal (GI) tract before spreading to the brain. With

funding from the Michael J. Fox Foundation, Shannon is expanding on a previous patient study she conducted and now is examining 29 patients with advanced Parkinson's disease. She's trying to see if they have elevated levels of alpha-synuclein in their GI system; variations of GI bacteria that might contribute to growth of the protein; and weakness in the walls of the intestines that would allow the protein to spread elsewhere in the body.

*continued on page 2*

## ENGAGED EMPLOYEES MAKING A DIFFERENCE EVERY DAY

Whether it's a nurse responding to a patient's call light or an engineer fixing a thermostat, each of us here has an opportunity to make an impact on patient care at Rush. How we do our jobs and interact with others determines what that impact will be.

Being engaged employees — committed to our jobs and the organization — provides us with a deeper sense of satisfaction, which ultimately helps us do our jobs better and make a more positive impact on Rush. *NewsRounds* recently spoke to engaged employees from around the Medical Center to find out how they feel about their work and Rush.



"My job is never the same. Each day is unique, whether I'm participating in a code, helping to admit or discharge a patient, or communicating between the general medicine floors, emergency department and bed managers. At Rush, I love that I get to collaborate with so many different health care professionals to improve patient care and the patient experience."

— Philip S. Vick, BSN, RN, STAT acuity nurse, Nursing Resource Management Department



"I love that my job has a lot of variety and that it is focused on improving patient care. I also get to collaborate everyday with talented people from various departments at Rush — it is really rewarding to work with others who are so committed to improving how we deliver care at Rush."

— Sarah Brandt, MHA, performance improvement consultant, Quality Improvement Department



"When I'm at Rush, it feels like home — not a job. I like the entire staff, from my department director on down to the supervisors and my co-workers. We're all motivated to do the best for patients here — treating them like we would guests in our own homes, with the utmost respect."

— Nathaniel Faulkner, food service assistant II, Food and Nutrition Services



"It's quite something to come to work each day and know that everyone around me is doing their very best to care for our patients. Our patients view us as a team, working together to care for them. Many of our patients have been with us so long that they know about our families as well as we know about theirs."

— Jennifer Earvolino, MD, medical director, Earvolino & Associates

TO LEARN MORE, VISIT [INSIDE.RUSH.EDU](http://INSIDE.RUSH.EDU) AND SEARCH "ENGAGEMENT."



# INFORMING PATIENTS ABOUT DELAYS KEY TO SATISFACTION SUCCESS

At Rush, we’re committed to ensuring our patients have a positive experience while they’re at the Medical Center. That goal is the focus of Rush’s I CARE. / Connect initiative, a Medical Center-wide effort to enhance our patients’ experience.

Meeting that commitment means looking at every aspect of the service we provide patients and finding ways to improve. For example, in the past year, Rush’s audiology program took steps to address an issue with the wait times at the Rush Audiology Clinic, resulting in an improvement in patient satisfactions scores.

Part of the Department of Communication Disorders and Sciences, the clinic provides adults, children and infants with hearing tests and evaluations and fittings for hearing aids. These devices include bone-anchored aids (an implanted aid that conducts sound through bone) and cochlear implants (surgically implanted hearing aids for people who are deaf or severely hard of

hearing). The clinic serves 3,800 patients a year and typically receives scores in the low to mid 90s on patient surveys conducted for Rush by Press Ganey, a health care research company. These scores put the clinic among the top programs of its kind nationwide.

However, in the third quarter of the past fiscal year (January - March 2012), the clinic’s score dropped sharply, from 95.6 to 89. Keri Kwarta, AuD, CCC-A, an audiologist in the clinic who’s responsible for monitoring patient satisfaction and quality, analyzed the survey results to try to find the reason for the decline.

She discovered that the score in the category of being informed about delays in appointment times also had dropped sharply during that period, from 93.3 to 83.9. “We concluded that it was an important issue for our patients. If we were running late, it affected overall patient satisfaction,” Kwarta says.

In response, the clinic initiated the following strategies:

- When an audiologist is running behind schedule, he or she calls the receptionist at the front desk with an update. The receptionist then will go to the patient in the waiting area and inform the patient about the delay.
- The receptionist also makes sure that patients who arrive early are aware of their scheduled appointment time. Some patients were arriving early in the expectation that they would be seen ahead of their scheduled time.
- On the rare occasion when a patient is kept waiting for 30 minutes or more, the patient is given a pass for free parking as a form of service recovery.

The effort produced an immediate impact. In the fourth quarter of FY12 (April - June), the score for being informed about delays rebounded, and with it, the overall score rose as well. By the end of the second quarter of the last fiscal year (October - December 2012), the score for being informed about delays reached 94.7 and the overall score reached a near-record 94.9.

“We found that it took only a small effort to improve our scores, so we kept doing it,” Kwarta says.

That kind of effort has made the clinic one of the leading programs in the country. For fiscal year 2013, the clinic was ranked in the top 10 percent of all of the audiology practices that are part of institutions in the University HealthSystem

Consortium. The consortium is an alliance of 118 academic medical centers and 299 of their affiliated hospitals representing the nation’s leading academic medical centers.

In addition to excelling in its clinical mission, Rush’s audiology program is an educational leader. The clinic serves as a training site for students in the graduate audiology program, which is ranked No. 10 in the nation by *U.S. News & World Report*.

The clinic isn’t stopping there, though. Kwarta and her colleagues maintain an ongoing quality

improvement program and keep looking for ways to improve care and the patient experience. “We’re all pretty driven,” Kwarta says. “We want patient care to be at its best, and we think that Rush does a great job at that. But it’s not enough to just maintain a quality of service that is acceptable to our patients, so we’re always trying to exceed expectations.”

*For more information about I CARE. / Connect. and ways to improve patient satisfaction, please contact Maggie Shreve at (312) 942-2989 or at [maggie\\_shreve@rush.edu](mailto:maggie_shreve@rush.edu).*

Keri Kwarta, AuD, CCC-A, works with patient William Lefebvre in the audiology clinic.



## RUSH ACHIEVES HIGHEST PATIENT SATISFACTION SCORE IN ITS HISTORY

*Ranks Among Top 15 Percent of Hospitals Overall*

At Rush, outstanding medical care and an exceptional patient experience go hand in hand. The effort we’ve made to provide a positive patient experience has been a big success, resulting in the highest patient satisfaction scores in the Medical Center’s history.

For the 2013 fiscal year, which ended June 30, Rush received a cumulative annual score of 79.4 percent for how inpatients rated the hospital overall. This score put the Medical Center in approximately the top 15 percent of all hospitals nationwide. (The score came from the Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS], the federal government’s survey of patients’ overall perspectives of hospital care.)

“This is terrific achievement that represents a great deal of effort on the part of everyone who works at Rush, and I congratulate them for it,” says Larry Goodman, MD, Rush CEO.

Rush’s score was even better in July, when the Medical Center received an overall HCAHPS score of 84 percent. “This score put Rush among the very top hospitals in the nation, exceeding our goal to be in the top 10 percent in the country,” says Maggie Shreve, senior organization development consultant, human resources. “However, we can’t become complacent. Our scores slipped in August, so I ask that all Rush employees renew their thinking about how their actions touch our patients and visitors.”

## NEWSrounds

October/November 2013

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*Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.*

## RUSH PARKINSON’S DISEASE RESEARCH PROGRAM

*continued from page 1*

- Two researchers are studying the use of exercise as a treatment for the illness. The investigators are Cynthia L. Comella, MD, professor of neurological sciences, and Deborah A. Hall, MD, PhD, associate professor of neurological sciences. The four-year study is enrolling 60 to 80 patients in the early years of Parkinson’s disease, who are not currently on other treatments, in an exercise program to determine whether exercise slows the progression of the illness. The study is being supported by an NIH grant and is being conducted in collaboration with Daniel Corcos, PhD, a professor from the Motor Control and Movement Disorders Group at the University of Illinois at Chicago.
- Hall also is using advanced analysis of multiple areas of the human genome to try to identify a genetic fingerprint for Parkinson’s disease — that is, a series of gene variations that are specific to the illness. Identifying these variations would help

researchers tailor treatments to the disease and allow clinicians to give better diagnostic and prognostic information to their patients.

- Jennifer G. Goldman, MD, MS, associate professor of neurological sciences, is conducting studies to determine what causes cognitive, behavioral and emotional changes in patients with Parkinson’s disease and how to improve treatments of these problems. Goldman is using advanced brain imaging and genetic analysis to identify early indicators of cognitive decline in patients with the disease. She also is trying to develop interventions to prevent the occurrence of dementia. In addition, Goldman is using MRI imaging to investigate changes in the brain that are associated with behavioral issues such as hallucinations and whether medications can normalize or reverse these altered brain patterns.
- When medications are no longer sufficient to provide an

acceptable quality of life for Parkinson’s disease patients, surgical treatments may offer hope. Deep brain stimulation uses electrodes placed in the brain to electrically stimulate the areas of the brain involved in motor control. This stimulation can ease the movement difficulties caused by Parkinson’s disease. Building on an established, successful deep brain stimulation program at Rush, Leo Verhagen, MD, PhD, professor of neurological sciences, is using advanced imaging techniques to develop more precise, effective and gentle approaches for the procedure.

“Our aspiration is to crack this disease,” Goetz says of the extensive research activity in Rush’s Parkinson’s disease program. “If we understand that biochemical reaction that takes a healthy brain cell and starts it on the path to becoming a dead cell, we can cure this disease.

“Meanwhile, we want to take patients who already have the disease and give them the best quality of life possible,” he adds. “That means addressing all aspects of the disease and, most of all, giving them hope.”

*For more information, visit [www.rush.edu](http://www.rush.edu) and enter “Parkinson’s disease” in the search box.*

## PARKINSON’S DISEASE BY THE NUMBERS

- Worldwide, 10 million people have Parkinson’s disease, and one million of them are in the U.S.
- That number is expected to rise as the country’s population ages — each year, 60,000 people in the U.S. are diagnosed with the disease.
- The annual cost of care for patients with Parkinson’s disease in the U.S. is \$25 billion.



# EMPLOYEE Awards

# SUMMER 2013

Receiving a recognition award is cause for celebration. And that’s just what we asked these summer award recipients to do when we took their photos — to have some fun and celebrate. They have certainly earned it.

### CLINICAL EMPLOYEE OF THE QUARTER

**Jasmine Shannon, patient care technician, medical/surgical nursing**

“Jasmine developed a patient care technician monthly meeting to review issues and concerns her fellow co-workers have, as well as to increase unit teamwork and improve the quality of care for patients.”

– Emily Fisher, RN, registered nurse II, medical/surgical nursing

**Jasmine’s job responsibilities:**

- Monitoring patients’ vital signs and reporting changes in their conditions
- Ensuring patient safety
- Collaborating with patients and co-workers to get work done successfully and in a timely manner



### CAROL STEGE AWARD

This award recognizes outstanding performance in the departments of Medical Center Engineering (MCE) and Environmental Services (EVS)

**Tina Martinez, environmental technician, EVS**

**Tina’s job responsibilities:**

- Cleaning patient rooms after patients are discharged
- Performing turn-down service in patient rooms



**Scotte Kramme, plumber, MCE**

**Scotte’s job responsibilities:**

- Repairing plumbing systems
- Helping with special engineering projects and requests



### NONCLINICAL EMPLOYEE OF THE QUARTER

**Katheryn Allbee, LSW, case manager, Case Management**

“Kate is committed to meeting the specific, and often complex, needs of our patient population following discharge.”

– Megan Doyscher, RN, medicine

**Kate’s job responsibilities:**

- Meeting with patients and families to facilitate an appropriate discharge plan
- Working with an interdisciplinary team to coordinate the discharge process
- Arranging home health services, transportation from the hospital and community resources for follow-up care



### RUSH VALUES AWARD

**Danita Schaal, Institutional Animal Care and Use Committee (IACUC) coordinator, Comparative Research Center**

“She takes special care of any issues related to animal handling, ordering, protocol approval, etc., for clinical research.”

– Kalipada Pahan, MD, professor of neurological sciences, biochemistry and pharmacology and Floyd A. Davis, MD, Endowed Chair of Neurology, Department of Neurological Sciences

**Danita’s job responsibilities:**

- Coordinating protocols sent to the IACUC for review in order for researchers to use animals in research
- Procuring animals for the animal facility
- Facilitating research



### MANAGER OF THE QUARTER

**Billy Dishuk, supervisor, Room 500, Department of Food and Nutrition Services**

“His creativity in food selection, preparation and presentation is superb. From the food, to the flower arrangements, to the furniture set up, Billy ensured that the event would go off flawlessly.”

– Susan Chubinskaya, PhD, associate provost, Office of Academic Affairs

**Billy’s job responsibilities:**

- Planning menus and room arrangements for events
- Overseeing catering and deliveries for Rush the campus



### TEAM OF THE QUARTER

**MyChart Implementation Team**

Shannon Sims, MD, associate chief medical information officer, Information Services (IS)

Mary C. Anderson, MD, physician, Department of Internal Medicine

Vittorio Bruno, senior analyst, IS

Jeanette Castilleja, manager patient access, Patient Access

Karen Clayton, manager, Physician Referral Services

Fred Escalona, senior systems analyst, IS

Cari Kornbilt, Web editor, Department of Marketing and Communications

Steven McNay, project leader, IS

Sathiya Selvaraj, senior engineer, IS

Marisa Truesdell, project leader, IS

Allison Weathers, MD, associate chief medical information officer, IS

Leana Moon, information services consultant, Nordic Consulting

Rush’s MyChart application is a Web-based tool that enables Rush patients to view their health records, make appointments, communicate with their health care providers, and even pay bills. It is a key strategy for engaging our patients and encouraging them to take an active role in improving their health and well-being.

The group built every aspect of the application; developed a support mechanism to assist patients with use of the system and understanding the clinical information available on MyChart; distributed marketing materials in multiple languages; and trained clinicians and registration staff. As a result, thousands of Rush patients now have online access to their medical records.

The MyChart application is online at <https://mychart.rush.edu>.



### PATIENT SATISFACTION “STAR”

Here’s what Rush patients had to say about these stars.

amazing  
personable  
best  
wonderful  
excellent  
careful  
caring  
efficient  
competent  
promptness  
kindness  
professional  
concerned  
helpful  
exceptional  
dedicated



**Laura Coffey, RN, Rush University Medical Group infusion RN coordinator, Division of Hematology, Oncology and Cell Therapy**



**Iliana Montenegro, RN, Supplemental Staffing Office**



**Maryann Petro, senior finance representative, Office of Financial Affairs**

**Not Pictured: Catherine Hayes, nursing, emergency department; and Joshua Taber, RN, College of Nursing, Department of Pediatrics**



# News Briefs

## COMMUNITY PROGRAM

**Hematologic Cancers: New Treatment Options and Research**

**Wednesday, Nov. 13, 6 to 8 p.m.**

**Armour Academic Center, Room 976**

Many patients with hematologic cancers at Rush receive care from a multidisciplinary team that works together to offer comprehensive care to the patient. Join physicians from Rush to learn the latest research and treatment options for cancers of the blood, bone marrow and lymph nodes, including bone marrow and stem cell transplants.

*To register for this event or for more information, please call (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).*

## SPREAD SOME JOY THIS HOLIDAY SEASON WITH THE ADOPT-A-FAMILY PROGRAM

It's only October, but it's never too soon to think about helping those in need this holiday season. Get into the giving spirit this holiday season by participating in the Adopt-a-Family program, which runs now until Dec. 3. Please consider adopting a family by way of buying gifts, toys, food and/or clothing and shoes for the holidays. Monetary gifts will also be accepted.

If you or your department are interested in participating, please contact the Department of Community Affairs at ext. 2-5961 or e-mail [community\\_affairs@rush.edu](mailto:community_affairs@rush.edu). For more information about the Adopt-a-Family program, please visit [www.rush.edu/adoptafamily](http://www.rush.edu/adoptafamily).

Families in need are identified by local churches and social service agencies. The organizations participating in this year's program include El Valor, Family Focus, Habilitative Systems, Inc., Westside Association for Community Action, Holy Family Lutheran Church, Jordan Temple Baptist Church, Pleasant Grove Missionary Baptist Church, Mt. Vernon Baptist Church, St. Pius V Church, Third Baptist Church of Chicago, Wayman AME Church and others. Your thoughtfulness and kindness will make the holidays brighter for many families and individuals.

## HEALTH CARE REFORM MADE SIMPLE

### LEARN MORE ABOUT HEALTH CARE REFORM

Health care is changing, and you now have more choices than ever before. The new federal rules go into effect on Jan. 1, 2014. By now you may have already heard about the new insurance "marketplaces" or "exchanges." These are state-run marketplaces that will enable you to purchase insurance in the state where you live regardless of your employment status or how many hours you work. If your home state does not have a marketplace, you will be able to purchase insurance through a national insurance marketplace.

There is a lot of new information to digest and you may have a lot of questions, such as the following:

- What does health care reform mean to me?
- What is a health care exchange or marketplace?
- What should I do?
- What should I expect in the next several months?

Rush wants to help you get the facts about health care reform and how it may affect your open

enrollment decisions this fall. Go to [RushBenefits.HCRMadeSimple.com](http://RushBenefits.HCRMadeSimple.com) (enter password: rush) to learn more. This online learning module will be updated frequently to help you learn the latest about health care reform and how it may impact you.

Watch for more updates in the coming weeks and months. In the meantime, if you have any questions, please contact a benefits representative at ext. 2-6637.

### Rush Benefits Fair, Nov. 6-7 Atrium Ground Floor

You have some new benefits options for 2014. Take time to educate yourself! Learn more at a benefits fair on the ground floor of the Atrium Building on the following dates:

- Wednesday, Nov. 6 from 8 a.m. to 6 p.m.
- Thursday, Nov. 7 from 4 a.m. to 1 p.m.

**New location! The benefits fairs will be on the ground floor of the Atrium Building.**

## RUSH HELPS FUTURE CLINICIANS LOOK BEYOND THE PATIENT AND INTO THE COMMUNITY

The woman hadn't received any medical care since her family emigrated to the U.S. from Mexico several years ago. As a result, she wasn't aware that she had high blood pressure until she received a blood pressure screening last year, while visiting Chicago's Mexican Consulate with her husband and daughter to fill out paperwork.

When Anuhya Gampa, the Rush medical student who took the blood pressure, explained that the numbers were high, the woman was distraught. Speaking in Spanish, Gampa reassured the woman that she'd be OK but that she should see a doctor to address the problem.

"Her reaction showed me that you have to be sensitive when you're conveying information to patients," Gampa says. "It has the potential to change the way they live."

It's an essential lesson for any aspiring physician, and it's why a Rush education goes beyond learning how the body works and how to treat disease. The vast majority of Rush University students participate in volunteer activities, lending their time and enthusiasm to a variety of clinics and outreach programs within the community.

Gampa's experience is one of the stories featured in the Community Benefits Report for Rush's 2012 fiscal year (July 1, 2011 - June 30, 2012). The report contains many of the initiatives that reflect Rush's commitment to the community through patient care, education and research.

These activities represent a significant financial commitment: In the past fiscal year, Rush University Medical Center and Rush Oak Park



*From left to right: Rush student leaders Jacquelyn Corley, Niti Patel, Megan Bogany and Anuhya Gampa meet with their community partner, Gabriella Gutierrez (far left), at the Mexican Consulate to discuss their plans for a prevention presentation at the consulate.*

Hospital together provided more than \$200 million in community benefits. The largest part of that amount was more than \$175 million in unreimbursed but much needed care that Rush provided to its patients.

That amount includes free care for patients who notify Rush ahead of time that they cannot pay for services; care for patients who receive services at Rush but later cannot pay their bills; and care for patients whose government insurance does not cover all the costs to Rush to provide those services.

Rush also provided \$41.6 million to subsidize Rush University's work to educate and train future physicians, nurses and allied health professionals; and more than \$13.7 million for research to improve patient care.

Rush is able to provide and support these services because the Medical Center is a not-for-profit organization, which means that any revenue that remains after paying expenses is reinvested in the institution and its programs — including a substantial portion dedicated to community

benefits. Maintaining tax-exempt status is crucial to the Medical Center's efforts to provide critical community services, because it leaves Rush with the revenue needed to pay for them.

"At Rush, we realize that the Medical Center is part of a larger community, and that we have a responsibility to enhance that community's well-being," says Larry Goodman, MD, Rush CEO. "This is important work of which we can all be proud."

The report contains examples of Rush's efforts in the community, including those of Gampa and her fellow students.

"We're learning how to practice in the real world," says Rush medical student Jackie Corley, who works with Gampa at the Mexican Consulate. "We get to treat different patient populations than we might see at Rush, and we'll carry those experiences with us. They'll help us become better doctors."

*You can explore Rush's 2013 Community Benefits Report online at [www.rush.edu/cbr](http://www.rush.edu/cbr).*

## CHICAGO CHILDREN RETURN TO SCHOOL WITH RUSH'S HELP

RU Caring, a Rush University student volunteer program, hosted its ninth annual Back to School Health Fair on Saturday, July 27 at Malcolm X College. Approximately 200 volunteers from Rush provided care for some 318 people. The health services the volunteers provided included more than 200 physical exams and 156 vaccinations, in addition to dental exams. Volunteers handed out 500 backpacks filled with school supplies, which were donated by the Rush community and local business partners. Children were treated to storytelling, exercise games and water balloons. "The event was a great success, thanks to our many volunteers from Rush," says Sharon D. Gates, MA, senior director, multicultural affairs and community service for Rush University. "Seeing all the children and their smiling faces makes it well worth the effort."



*A volunteer from Rush University checks a young boy's blood pressure at the health fair.*